

<i>SERFF Tracking Number:</i>	<i>AXSS-126405981</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>AXIS Insurance Company</i>	<i>State Tracking Number:</i>	<i>44323</i>
<i>Company Tracking Number:</i>	<i>GADD-001-1009-AR</i>		
<i>TOI:</i>	<i>H03G Group Health - Accidental Death & Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death & Dismemberment</i>
<i>Product Name:</i>	<i>GADD AR</i>		
<i>Project Name/Number:</i>	<i>GADD AR/GADD-001-1009-AR</i>		

Filing at a Glance

Company: AXIS Insurance Company

Product Name: GADD AR

SERFF Tr Num: AXSS-126405981 State: Arkansas

TOI: H03G Group Health - Accidental Death & Dismemberment

SERFF Status: Closed-Approved-Closed
State Tr Num: 44323

Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment

Co Tr Num: GADD-001-1009-AR State Status: Approved-Closed

Filing Type: Form

Author: Karen Pollitt

Reviewer(s): Rosalind Minor

Date Submitted: 12/14/2009

Disposition Date: 12/15/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: GADD AR

Status of Filing in Domicile: Pending

Project Number: GADD-001-1009-AR

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer, Association, Discretionary, Trust

Filing Status Changed: 12/15/2009

Explanation for Other Group Market Type:

Deemer Date:

State Status Changed: 12/15/2009

Submitted By: Karen Pollitt

Created By: Karen Pollitt

Corresponding Filing Tracking Number: GADD-001-1009-AR

Filing Description:

December 14, 2009 via SERFF

The Honorable Julie Benafield Bowman
Commissioner of Insurance

SERFF Tracking Number: AXSS-126405981 State: Arkansas
Filing Company: AXIS Insurance Company State Tracking Number: 44323
Company Tracking Number: GADD-001-1009-AR
TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &
Dismemberment Dismemberment
Product Name: GADD AR
Project Name/Number: GADD AR/GADD-001-1009-AR

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201
Attention: Life & Health Division

RE: Axis Insurance Company - NAIC#: 3416 37273 / FEIN#: 39-1338397

Group Accidental Death & Dismemberment Product Filing

GADD-001-1009-AR	Master Policy
GADD-002-1009-AR	Certificate
GADD-003-1009-	Master Application
GADD-005-1009	Policy/Certificate Amendment

Honorable Commissioner Bowman:

AXIS Insurance Company is submitting the captioned Group Accidental Death & Dismemberment forms for your review and approval.

As you will notice, the title of the forms (GROUP [ACCIDENT] [ACCIDENTAL DEATH] [AND DISMEMBERMENT] POLICY) is bracketed. The company plans to extract different plan designs in order to market the product as any of the following:

- Group Accident Policy (a plan design that will cover accidental dismemberment only – no accidental death;)
- Group Accidental Death Policy (a plan design that will cover accidental death only;)
- Group Accidental Death and Dismemberment Policy (a plan design that will cover both accidental death and accidental dismemberment.)

This Policy provides accident coverage for covered losses as specified under the policy. Depending on the plan design being offered, the Policy may also cover emergency sickness. Any sickness coverage is on an emergency basis only (as specified in the definition of “emergency sickness”) and will not cover general, non-emergency sickness or illness.

This coverage will be marketed to group policyholders eligible for insurance under the laws of your state including but not limited to: employers, PEOs, independent contractors, association groups, affinity groups, credit unions, financial institutions, and discretionary groups. This coverage may also be offered in your state pursuant to an out-of-state group or trust. Depending on plan design, the Policy may be issued on a non-contributory or contributory basis.

The subject forms are new and are not intended to replace any other forms.

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Any bracketed material is being filed as variable. Please note, variable information will never be less favorable to an insured than the minimum statutory and regulatory requirements of the state where the policy is issued. Any numeric variables will vary to ranges shown and will comply with minimum statutory/regulatory requirements. A Statement of Variable Language is included to provide you with an explanation of how these forms may vary to accommodate different policyholders, plan designs, or specific clients/cases.

Master Application Form GADD-003-1009 will detail the benefits applicable to the organization and will be signed by the policyholder.

Policy/Certificate Amendment, Form GADD-005-1009, is an administrative amendment that will be used to amend the Policy or Certificate to reflect changes that occur within variable area subsequent to the initial issuance of the policy.

The Group Accidental Death & Dismemberment product will be marketed by licensed agents, brokers, and third party administrators to eligible groups.

In accordance with Arkansas' filing requirements, enclosed are the following documents

1. Certification of Compliance
2. Unfair Sex Discrimination Certificate of Compliance
3. Life & Health Guaranty Association Act Notice to Policyholders
4. Flesch Certification
5. Forms
6. Statement of Variables

I trust that you will find this submission in order; however, should you have any questions or need additional information, please do not hesitate to contact me directly at 609-216-3342.

Respectfully,

Megan K. Morehead
Megan.Morehead@axiscapital.com

Company and Contact

<i>SERFF Tracking Number:</i>	<i>AXSS-126405981</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>GADD AR/GADD-001-1009-AR</i>		

Filing Contact Information

Karen Pollitt, Sr. Product Analyst	karen.pollitt@axiscapital.com
100 Overlook Center	609-375-2233 [Phone]
2nd Floor	
Princeton, NJ 08540	

Filing Company Information

AXIS Insurance Company	CoCode: 37273	State of Domicile: Illinois
11680 Great Oaks Way	Group Code: 3416	Company Type: Property & Casualty
Ste. 500	Group Name: AXIS Specialty	State ID Number:
Alpharetta, GA 30022	FEIN Number: 39-1338397	
(678) 746-9000 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$200.00
Retaliatory?	Yes
Fee Explanation:	The fee charged by Axis' docmiciliary state of IL was \$200 (\$50 per form x 4 forms = \$200).
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AXIS Insurance Company	\$0.00	12/14/2009	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
35483	\$200.00	12/07/2009

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/15/2009	12/15/2009

<i>SERFF Tracking Number:</i>	<i>AXSS-126405981</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 12/15/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AXSS-126405981</i>	<i>State:</i>	<i>Arkansas</i>
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Statement of Variables	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Group AD&D Policy	Approved-Closed	Yes
Form	Group AD&D Certificate	Approved-Closed	Yes
Form	Group AD&D Application	Approved-Closed	Yes
Form	Group AD&D Amendment	Approved-Closed	Yes

SERFF Tracking Number: AXSS-126405981 State: Arkansas

Filing Company: AXIS Insurance Company State Tracking Number: 44323

Company Tracking Number: GADD-001-1009-AR

TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment

Product Name: GADD AR

Project Name/Number: GADD AR/GADD-001-1009-AR

Form Schedule

Lead Form Number: GADD-001-1009-AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Status							
Approved-Closed 12/15/2009	GADD-001-1009-AR	Policy/Cont ract/Fratern al Certificate	Group AD&D Policy	Initial		49.000	GADD 001 1009_AR.pdf
Approved-Closed 12/15/2009	GADD-002-1009-AR	Certificate	Group AD&D Certificate	Initial		50.000	GADD 002 1009_AR.pdf
Approved-Closed 12/15/2009	GADD-003-1009	Application/ Enrollment Form	Group AD&D Application	Initial		44.000	GADD 003 1009 (Application). pdf
Approved-Closed 12/15/2009	GADD-005-1009	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Group AD&D Amendment	Initial		72.000	GADD 005 1009 (Amendment Form).docrev 113009.pdf

[LOGO]1

**GROUP [ACCIDENT] [ACCIDENTAL DEATH] [AND DISMEMBERMENT]
POLICY 2**

Underwritten by:
AXIS INSURANCE COMPANY
[11680 Great Oaks Way, Suite 500, Alpharetta, GA 30022]3
A Stock Company
(Herein called the Company)

The Company will pay the benefits of this Policy subject to its provisions. This page and the pages that follow are part of this Policy.

Group Policy No.: [AXIS-XXXXXXX]5

Policyholder: [ABC COMPANY] [ABC ASSOCIATION]4

PREMIUM PAYMENTS

This Policy is issued in return for the payment by the Policyholder of required premiums. Premiums are payable at the home office of the Company or to its authorized agent. The first premium is due on the effective date of this Policy. Later premiums are due [monthly in advance on the first day of each month.]6 These dates are the premium due dates.

EFFECTIVE DATE

This Policy will take effect on [January 1, 2010.] [This Policy replaces Group Policy No. AXIS-XXXXX, which was issued by the Company and took effect as of January 1, 2001.]7

POLICY ANNIVERSARIES

Policy anniversaries will be [January 1, 2011 and each subsequent January].8

APPLICABLE LAW

This Policy is a legal contract between the Policyholder and the Company. This Policy is issued in and governed by the laws of [State].9

The President and Secretary of the Company witness this Policy.

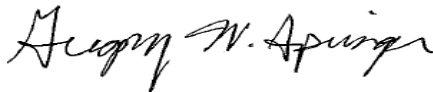
[

]



]10

Secretary



]11

President

Registrar

Signed by: _____

(A licensed resident agent where required by law)

**GROUP [ACCIDENT] [ACCIDENTAL DEATH] [AND DISMEMBERMENT] POLICY
THIS POLICY PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENT ONLY.
IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY SICKNESS OR DISEASE.
PLEASE READ THIS CERTIFICATE CAREFULLY
[Non-Participating]**

POLICY INDEX

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Incorporation Provisions.....	[3]
Premium Provisions.....	[4]
General Provisions	[7]

INCORPORATION PROVISIONS

1. From the effective date of the Policy, changes in the following items will be made a part of this Policy:
 - a. the name of the [Policyholder; Subscriber];
 - b. the premium rates;
 - c. amounts of insurance, eligibility, benefit descriptions, or any other provisions incorporated into the Policy.
2. Any change in item "1" above will be given on the Company's forms.
3. The effective date of incorporation of a provision or another change that affects the insurance of any person insured under this Policy will be the later of:
 - a. the effective date of this Policy;
 - b. the date of any amendment to this Policy that changes the Company's obligation to pay benefits under this Policy.
4. All of the benefits and provisions in an insured person's certificate of insurance issued under this Policy are made a part of this Policy.

PREMIUM PROVISIONS

Grace Period

A grace period of [31 to 180] days will be provided for the payment of any premium due after the first. During the grace period, the Policy shall continue in force, unless the [Policyholder, Subscriber] has given written notice of discontinuance in advance of the premium due date and in accordance with the terms of this Policy. If the required premium is not paid during the grace period, coverage will terminate on the last day of the grace period. The [Policyholder, Subscriber] will be liable for the payment of a pro rata premium for the time the Policy was in force during the grace period.

Premiums

Premium rates are expressed in, and premiums are payable in, United States currency. The premiums for this Policy will be based on the rates set forth in the *Rate Table*, the plan and amounts of insurance in effect for [Insured Persons] and the premium mode selected, as shown in the *Schedule of Benefits*. [Optional, i.e.: If [Insured Persons'] coverage amounts are reduced due to age, premium will be based on the amounts of coverage in force on the day before the reduction took place.] The Company will provide notifications of premiums due or premium changes, by mail to the most current address in the Company files, to the Policyholder [and/or any affected Subscribers].

Premium Payment

[1. Policyholder

The total premium paid by the Policyholder is the sum of premiums for all [Insured Persons] [Optional, i.e. Included only when contributory coverage is offered; including any amounts contributed toward the cost of the coverage by [Insured Persons]]. The initial premium is due on the Policy Effective Date [and each succeeding premium is due on the next succeeding Premium Due Date, as shown in the *Schedule of Benefits*,] unless the Policyholder and The Company agree to another mode of premium payment. Premiums are paid at the Company's home office or to the Company's authorized agent.

If any premium is not paid when due, this Policy will be cancelled as of the Premium Due Date of the unpaid premium, except as provided in any applicable Policy Grace Period section.]

[2. Subscriber

The total premium paid by the Policyholder is the sum of premiums for all [Insured Persons] [Optional, i.e. Included only when contributory coverage is offered; including any amount contributed toward the cost of the coverage by [Insured Persons]]. The initial premium is due on the Subscriber's effective date of participation under this Policy [and each succeeding premium is due on the next succeeding Premium Due Date, as shown in the *Schedule of Benefits*] unless the Policyholder and the Company agree to another mode of premium payment. Premiums are paid at the Company's home office or to the Company's authorized agent.

If any premium is not paid when due, the Subscriber's participation under this Policy will be terminated as of the Premium Due Date of the unpaid premium, except as provided in any applicable Grace period section.]

[Premium Rate Changes

[Optional, i.e. Will not be included in non-renewable cases:]

We may change premium rates at the end of any Policy Term [or any Premium Rate Guarantee Period] with at least [31 days] advance notice mailed to the last known address of [the Policyholder; Subscriber]. The Company will not increase premium rates more frequently than annually, unless one of the events described below occurs.

The Company may change the premium rate during a Policy Term [or during any applicable Premium Rate Guarantee Period] if any one of the following occurs:

1. the terms of this Policy change;
- [2. the number of [Insured Persons] [or persons eligible for coverage] increases or decreases by more than [10%] since the later of the Policy Effective Date and the date of the last renewal of this Policy;]
- [3. coverage is reinstated following failure to pay premium during the Grace Period;]
- [4. an acquisition, merger, consolidation, divestiture, corporate reorganization or purchase or sale of assets affecting, increasing or decreasing by [10%] or more the number of [eligible; insured] [Insured Persons];]
- [5. a change in [Insured Persons] [or persons eligible to be covered] which would, on a manual rate basis, require a change of [10%] or more in the premium rate;]
- [6. a change in any federal or state law or regulation is enacted; adopted or amended to the extent it affects the Company's benefit obligations under this Policy;]
- [7. the ratio of incurred claims to earned premiums since [the later of the Policy Effective Date and the last renewal date] exceeds [100%]; [the permissible loss ratio];]
- [8. [the Policyholder; Subscriber] fails to provide sufficient information, as required by The Company, to confirm adequacy of premiums and rates currently being paid;] or
- [9. any [facultative] reinsurance obtained by The Company in connection with underwriting or renewal of the Policy is terminated for any reason, or if its cost increases by [10%] or more, or The Company retention increases by [10%] or more.]

Any increase or decrease in rate will take effect on the date of the applicable change specified above. A pro rata adjustment will apply from the date of the change to the end of any period for which premium has been paid.]

[Premium Audit

The Company will have the right to audit books and records of the [Policyholder, Subscriber] at its place of business and during its regularly-scheduled business hours, in order to determine the accuracy of premiums paid.]

[Refund of Premium

The Company will refund any premium paid for coverage of a specified [Covered Activity] [Covered Hazard] if:

1. that [Covered Activity] [Covered Hazard] is cancelled; and
2. [the Policyholder; Subscriber] notifies the Company in writing at least [7 days] before the [Covered Activity] [Covered Hazard] was scheduled to take place.

No insurance will be in effect for any [Insured Person] while he participates in, travels to, attends or otherwise is involved in the [Covered Activity] [Covered Hazard]. If this Policy was issued to insure only the [Covered Activity] [Covered Hazard] that was cancelled and the Company was notified as required in 2. above, this Policy will be void from its inception.]

[Reinstatement

This Policy may be reinstated if it lapsed for nonpayment of premium. Requirements for reinstatement are written application of [the Policyholder, Subscriber] satisfactory to the Company and payment of all overdue premiums. Any premium accepted in connection with a reinstatement will be

applied to a period for which premium was not previously paid [, but not to any period more than [60 days] prior to the date of reinstatement.]]

[Cancellation

(Optional, depending on Policy Term)

The Company or [the Policyholder; Subscriber] may cancel this Policy, after the first year [or Policy Term], [as of any Premium Due Date] by giving the other party [31; 45; 60 days] advance written [or authorized electronic] notice. Any premium rate guarantee will not affect the Company's [or the Policyholder's; Subscriber's] right to cancel this Policy.

If a premium is not paid when due, the Company will cancel this Policy at the end of the last period for which premium was paid, subject to the Grace Period provision. Premium Due Dates are shown in the *Schedule of Benefits*.

Cancellation does not affect a claim for a [Covered Loss] when the [Covered Loss] occurs before the cancellation date.]

[Premium [Rate] Table

It is hereby agreed and understood that the premium amounts, and the manner in which premiums are due and payable, are as follows:

[_____ per _____, due and payable for the Policy Term]

[_____ per _____, due and payable in annual installments with the first installment due as of the Policy Effective Date and subsequent installments due as of each anniversary date.]¹

[The premium for the Policy Term is the greater of (1) \$XXX (the Minimum Premium) or (2) an amount calculated by multiplying the number of persons insured by a per-person rate of \$XXX (the Calculated Premium). The Minimum Premium is due and payable in advance of the Policy.

Effective Date. The Calculated Premium will be determined upon completion of an audit by the Company or its representative during the Policy Term. If the Calculated Premium is greater than the Minimum Premium, the difference between the Minimum Premium and the Calculated Premium is due and payable upon receipt of written notice by the Company to the Policyholder of the amount owed.]]

[The Initial Premium Rate Guarantee [and any premium rate guarantee] applicable to renewal are subject to the *Cancellation* and *Premium Rate Change* sections of the *Administrative Provisions* of This Policy]²

[Mode of Premium Payment [Single Premium; Quarterly; Semi-Annually; Annually]³

[Premium Due Date[s] Policy Effective Date [and each Policy Anniversary thereafter]⁴

[Initial Premium [\$12,500]]⁵

[Contributions The cost of coverage is paid by the [Policyholder; Subscriber; Insured Person], [Minimum and deposit premiums are fully earned and non-refundable]⁶

[The above does not include the premium rate for War Risk Coverage or Aircraft Coverage. The premium rate for these coverages are:

Coverage	Premium
----------	---------

[War Risk Coverage _____]

[Aircraft Coverage _____]]

[The Policyholder agrees to pay the required premium for these coverages.]]7

GENERAL PROVISIONS

Addition of New [Employees /Members]

All [Employees/Members] added to the Classes of Covered Classes in the *Schedule of Benefits* are eligible for insurance under this Group Policy.

Assignment

Option 1: Include if no rights and benefits are assignable:

[The rights and benefits under this Policy may not be assigned and any attempt to assign will be void.]

Option 2: Include when no assignment other than benefits that have become payable is permitted:

[The rights and benefits provided by this Policy, except as provided herein, may not be assigned. The payee may, after a benefit or series of benefits has become payable, assign only those benefits. Such assignment will be valid only if the Company receives it before any of those benefits have been paid and only for benefits payable for claims arising from the same [Covered Loss]. Any other attempt to assign will be void.]

Option 3: Include if assignment is permissible:

[The Company will be bound by an assignment of [the Insured Person's] insurance under this Policy only when the original assignment or a certified copy of the assignment, signed by [the Insured Person] and any irrevocable beneficiary, is filed with the Company. The assignee may exercise all rights and receive all benefits assigned only while the assignment remains in effect and insurance under this Policy for [the Insured Person] remains in force.]

This insurance may not be levied on, attached, garnished, or otherwise taken for a person's debts unless contrary to law.

Certificates

Where required by law, the Company will provide a certificate of insurance for delivery to [the Insured Person]. Each certificate will set forth a statement as to the insurance coverage to which the [Insured Person] is entitled, to whom the insurance benefits are payable, and a statement as to any family member, Spouse or Dependent's coverage. If family members or Dependents are included in the coverage, the insurer need only issue one certificate to each family unit.

[[30 Day] Right to Examine Certificate

(Included when the Insured Person pays any part of the premium)

If [the Insured Person] does not like the Certificate for any reason, it may be returned to the Company within [30 days] after receipt. The Company will return any premium that has been paid. In that case, the Certificate will be void as if it had never been issued.]

Clerical Error

A person's coverage will not be affected by error or delay in keeping records of insurance under this Policy. If such error or delay is found, the Company will adjust the premium fairly.

Conformity with Statutes

Any provision in this Policy that is in conflict with the requirements of any state or federal law that apply to this Policy are automatically changed to satisfy the minimum requirements of such laws.

Entire Contract; Changes

The Policy, the Master Application and any attached papers make up the entire contract between the [Policyholder; Subscriber] and the Company. [In the absence of fraud,] all statements made by the [Policyholder; Subscriber] or any [Insured Person] will be considered representations and not warranties. No written statement made by an [Insured Person] will be used

in any contest unless a copy of the statement is furnished to the [Insured Person] or, in the event of the death or incapacity of the [Insured Person], to his beneficiary or personal representative.

No change in this Policy will be valid until approved by one of the Company executive officers and endorsed on or attached to this Policy. No agent has authority to change this Policy or to waive any of its provisions.

If an enrollment form for an [Insured Person] is required, it may also be made a part of this Policy at the Company's option.

Examination of the Policy

This Policy will be available for inspection at [the Policyholder's; Subscriber's] office during regular business hours.

Incontestability

1. Of This Policy: The validity of the Policy will not be contested after it has been in force for two years from the Policy Effective Date, except for non-payment of premium[, misrepresentation or fraud.]

2. Of [The Insured Person's] Insurance: After an [Insured Person] has been insured under the Policy for two years during his or her lifetime, Misrepresentations, omissions, and incorrect statements will not prevent recovery under the policy unless fraudulent, material to the acceptance of risk or hazard assumed by the Company, or the Company would not in good faith have issued the policy, or would not have issued it at the same premium rate, or in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known as required either by the application for the policy or otherwise. The Company may only contest coverage if the misstatement is made in a written instrument signed by the [Insured Person] and a copy is given to the [Policyholder; Subscriber], the [Insured Person] or the beneficiary.

However, the Company may contest coverage at any time based upon the [Insured Person's] ineligibility for coverage under the Policy or upon other provisions in the Policy.

Misstatement of Fact

If [the Policyholder; Subscriber] has misstated any fact, all amounts payable under this Policy will be such as the premium paid would have purchased had such fact been correctly stated.

Noncompliance with Policy Requirements

Any express or implied waiver by the Company of any requirements of this Policy is not a continuing waiver of such requirements. Any failure by the Company to enforce any Policy provision will not be a waiver or amendment of that provision.

Policy Changes

No change in this Policy will be valid until approved by one of the Company executive officers and endorsed on or attached to this Policy. The Company may agree with [the Policyholder; Subscriber] to modify a plan of benefits without [the Insured Person's] consent.

Records

[The Policyholder; Subscriber] or its authorized Administrator will maintain the records of [the Insured Person's] insurance under this Policy. The Company will be permitted to examine [the Policyholder's; Subscriber's] records relating to the insurance under this Policy at any reasonable time. [The Policyholder; Subscriber] is acting as an agent of [the Insured Person] for transactions relating to this insurance. The actions of [the Policyholder; Subscriber] will not be considered the actions of the Insurance Company.

[Reporting Requirements]

The [Policyholder; Subscriber] or its authorized agent must report all of the following to the Company by the premium due date:

1. the names of all persons insured on the Policy Effective Date;
2. the names of all persons who are insured after the Policy Effective Date;
3. the names of those persons whose insurance has terminated;
4. additional information required by the Company.]

[The Company, at the Company's sole discretion, may waive reporting of any information specified above.]

[Subscriber Participation Under This Policy]

An organization may elect to participate under this Policy by submitting a signed Subscriber participation agreement to the [Policyholder; Subscriber]. No participation by an organization is in effect until approved by the Company.]

Workers' Compensation Insurance

This Policy is not in place of and does not affect any requirements for coverage under Worker's Compensation law.

**GROUP [ACCIDENT] [ACCIDENTAL DEATH] [AND DISMEMBERMENT]
CERTIFICATE 2**

Underwritten by:
AXIS INSURANCE COMPANY
[11680 Great Oaks Way, Suite 500, Alpharetta, GA 30022]3
A Stock Company
(Herein called the Company)

CERTIFICATE OF INSURANCE

AXIS Insurance Company (the Company) certifies that certain [eligible persons] are insured for the benefits described in this certificate. This insurance is subject to the eligibility and effective date requirements described in the [EMPLOYEE] ELIGIBILITY section of this certificate.

[DATE YOUR INSURANCE TAKES EFFECT

[Your insurance will take effect on the date shown on the sticker. You must be Actively At Work in an eligible class on this date. If you are not, your insurance will take effect on the day you resume such work.]

The date insurance is to take effect might not be a scheduled workday. If so, you will be considered Actively At Work on such date if you were Actively At Work [on your last scheduled workday]. [You are considered Actively At Work:

- during your normal vacation time provided by your Employer;
- during jury duty;
- on any holiday, or day of the weekend, and
- on any day of an excused leave approved by your Employer.]]4

IMPORTANT NOTICE

This certificate is a summary of the group policy provisions that affect your insurance. It is merely evidence of the insurance provided by such policy for _____ (the Policyholder).

The group policy is a contract between the Company and the Policyholder. It may be changed or ended without notice to or consent of any [Insured Person]. [This certificate replaces any certificate previously issued by the Company to you under the group policy.] [This certificate replaces any certificate previously issued by another AXIS Insurance Company to you under that AXIS company's group policy.] [The benefits described in this certificate are provided by group policy no. _____.]

[The Company is providing this electronic version of the certificate at the request of the Policyholder. The Policyholder maintains the group policy, which includes a copy of the certificate. The group policy is available for you to review and copy. If there is any conflict between the information in this electronic version of the certificate and the group policy, the group policy will control in all respects.]5

[RIGHT TO EXAMINE CERTIFICATE. The certificate issued to each [Insured Person] can be returned for any reason within [10; 30; 31] days after it is received by the [Insured Person]. The certificate should be returned by mail or in person to the Company. Any premium paid will be refunded and the certificate will be treated as if it were never issued.]6

[

[



]7

Secretary



]8

President

**GROUP [ACCIDENT] [ACCIDENTAL DEATH] [AND DISMEMBERMENT] CERTIFICATE
THIS POLICY PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENT ONLY.
IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY SICKNESS OR DISEASE.
PLEASE READ THIS CERTIFICATE CAREFULLY**

[Non-Participating]

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SCHEDULE OF BENEFITS

Effective Date of Coverage: [January 1, 2010] ¹ Policy Anniversary Date: [January 1] [Rewrite Effective Date: Month XX, Year]	Eligible Class(es): [] ² [Waiting Period: [30 Days]] [Minimum hours of work per week [30]] ³
[Open [Annual]] [Policyholder Scheduled Enrollment] Period: November 1 of each succeeding year ⁴	[Open [Annual] Enrollment Effective Date: January 1 following the subsequent Open Enrollment Period] ⁴
[Covered Activity(ies)] [Covered Hazard] ⁵	[Condition(s) of Coverage] ⁵
[Minimum [Subscriber] Participation Requirements] ⁶	[Percentage [variable; e.g., 75% to 100% of eligible Employees, Members]] ⁶

[Principal Sum

[Loss must occur within

[30 to 730] days of the Covered Loss]

Primary Insured

[\$500-\$100,000,000]
[\$2,000,000 in increments of \$500-\$25,000]
[0.5 to 10 times Salary]

[Insured Spouse [or Eligible Domestic Partner]

[\$250-\$25,000,000]
[\$2,000,000 in increments of \$500-\$25,000]
[10% to 100% of the Primary Insured Principal Sum]

[Insured Dependent Child(ren)]

[\$50-\$1,000,000]
[10% to 100% of the [Primary Insured Principal Sum]
[Combination of Spouse and Primary Insured's Principal
Sum Amount]] ⁷

[Age Reductions

The [Insured Person's] [Accident][Accidental Death] [and Dismemberment] [Dislocation [and] Fracture] Benefit may be reduced to the percentage of his Benefit in effect on the date preceding the first reduction, as shown below.

Age

[65 but less than 75]
[70 but less than 80]
[75 but less than 85]
[85 or over]

Percentage of Benefit Amount

[40% to 80%]
[50% to 70%]
[30% to 55%]
[15% to 40%]]

[Premium for an [Insured Person] Age [65, 70, 75, 80, 85] or older is based on [100%] of the coverage that would be in effect if the [Insured Person] were under the Age [65, 70, 75, 80, 85].] ⁸

(Applies to Employer paid only plans)

[Aggregate Limit of Indemnity

Applies to:

[Armed forces Coverage
[Bomb Scare, Bomb Search or
[Bomb Explosion Coverage
[Felonious Assault and Violent
[Civil Unrest Coverage
[Crime Coverage
[Hijacking and air Piracy Coverage
[War Risk Coverage
[Kidnap and Ransom
[Owned Aircraft
[Pilot Coverage
[Terrorism

Benefit Amount

[\$25,000-\$500,000,000]]
[\$25,000-\$500,000,000]]
[\$25,000-\$500,000,000]]
[\$25,000-\$500,000,000]]
[\$25,000-\$500,000,000]]
[\$25,000-\$500,000,000]]
[\$25,000-\$500,000,000]]
[\$25,000-\$500,000,000]]
[\$25,000-\$500,000,000]]
[\$25,000-\$500,000,000]]
[\$25,000-\$500,000,000]]

[All [other] Conditions of Coverage

[\$25,000-\$500,000,000]]

Not more than the Aggregate Limit of Indemnity specified above will be paid for all [Covered Losses, Covered Accidents, Covered Injuries[, and] Covered Expenses] suffered by all [Insured Persons] as the result of any one Covered [Aircraft] [Loss] [Injury] [Accident] [that occurs under one of the Conditions of Coverage,] as specified above. If this amount does not allow all [Insured Persons] to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the [Insured Person's] loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.]⁹

[ACCIDENTAL DEATH BENEFIT

[Death must occur within

[30 to 730] days of the Covered Loss]

[Primary Insured] [Insured Person] Principal Sum

[\$500-\$100,000,000]

[[[\$2,000,000 in increments of \$500-\$25,000]

0.5 to 10 Times Salary [to a Maximum of \$500-

\$50,000,000]]

[Insured Spouse [or Eligible Domestic Partner]

[\$250-25,000,000]

[\$2,000,000 in increments of \$500-\$25,000]

[10% to 100% of the Primary Insured Principal Sum]]

[Insured Dependent Child(ren)]

[\$50-\$1,000,000]

[10% to 100% of the [Primary Insured Principal Sum]

[Combination of Spouse and Primary Insured's Principal Sum Amount]]

[ACCIDENT] [ACCIDENTAL DEATH] [AND DISMEMBERMENT] BENEFITS

[Loss must occur within

[30 to 730] days of the Covered Loss]

[Primary Insured] [Insured Person] Principal Sum

[\$500-\$25,000,000]

[[[\$2,000,000 in increments of \$500-\$25,000]

[0.5 to 10 Times Salary [to a Maximum of \$500-

\$50,000,000]]

[Insured Spouse [or Eligible Domestic Partner]]

[\$250-25,000,000]

[[[\$2,000,000 in increments of \$500-\$25,000]

[10% to 100% of the Primary Insured Principal Sum]]

[Insured Dependent Child(ren)]

[\$50-\$1,000,000]

[10% to 100% of the [Primary Insured Principal Sum]

[Combination of Spouse and Primary Insured's Principal Sum Amount]]

Schedule of Covered Losses

Loss

[Loss of Life

[Loss of Two or More Hands or Feet

[Loss of Use of Two or More Hands or Feet

[Loss of Sight of Both Eyes

[Loss of Speech and Hearing (in Both Ears)

[Loss of One Hand or Foot and Sight in One Eye

[Quadriplegia

[Paraplegia

[Hemiplegia

[Uniplegia

[Coma

[Brain Death

[Loss of One Hand or Foot

[Loss of Use of One Hand or Foot

Benefit Amount

[up to 100% of the Principal Sum; \$500-\$50,000,000]]

[up to 100% of the Principal Sum; \$500-\$50,000,000]]

[up to 100% of the Principal Sum; \$500-\$50,000,000]]

[up to 100% of the Principal Sum; \$500-\$50,000,000]]

[up to 100% of the Principal Sum; \$500-\$50,000,000]]

[up to 100% of the Principal Sum; \$500-\$50,000,000]]

[up to 100% of the Principal Sum; \$500-\$50,000,000]]

[up to 100% of the Principal Sum; \$500-\$50,000,000]]

[up to 100% of the Principal Sum; \$500-\$50,000,000]]

[up to 100% of the Principal Sum; \$500-\$50,000,000]]

[up to 100% of the Principal Sum; \$500-\$50,000,000]]

[up to 100% of the Principal Sum; \$500-\$50,000,000]]

[up to 100% of the Principal Sum; \$500-\$50,000,000]]

[up to 100% of the Principal Sum; \$500-\$50,000,000]]

[Loss of Sight in One Eye	[up to 100% of the Principal Sum; \$500-\$50,000,000]]
[Severance and Reattachment of One Hand or Foot	[up to 100% of the Principal Sum; \$500-\$50,000,000]]
[Loss of Speech	[up to 100% of the Principal Sum; \$500-\$50,000,000]]
[Loss of Hearing (in Both Ears)	[up to 100% of the Principal Sum; \$500-\$50,000,000]]
[Loss of Thumb and Index Finger of the Same Hand	[up to 100% of the Principal Sum; \$500-\$50,000,000]]
[Loss of all Four Fingers of the Same Hand	[up to 100% of the Principal Sum; \$500-\$50,000,000]]
[Loss of all the Toes of the Same Foot	[up to 100% of the Principal Sum; \$500-\$50,000,000]]
[Loss of Thumb	[[up to 100% of the Principal Sum; \$500-\$50,000,000]]

[ADDITIONAL [ACCIDENT] [ACCIDENTAL DEATH] [AND DISMEMBERMENT] COVERAGES

[Accident][Accidental Death] [and Dismemberment]] benefits are provided under the following coverages. Any benefits payable under them are as shown in the Schedule of Benefits and are not paid in addition to any other [Accident][Accidental Death] [and Dismemberment] benefits.]

[Armed Forces Coverage	Principal Sum multiplied by the percentage applicable to the [Covered Loss], as shown in the Schedule of Benefits.]
[Civil Unrest Coverage	Principal Sum multiplied by the percentage applicable to the [Covered Loss], as shown in the Schedule of Benefits.]
[Common Carrier Coverage	Principal Sum multiplied by the percentage applicable to the [Covered Loss], as shown in the Schedule of Benefits.]
[Exposure and Disappearance Coverage	Principal Sum multiplied by the percentage applicable to the [Covered Loss], as shown in the Schedule of Benefits.]
[Hijacking and Air Piracy Coverage	Principal Sum multiplied by the percentage applicable to the [Covered Loss], as shown in the Schedule of Benefits.]
[National Guard and Armed Forces Reserve Coverage	Principal Sum multiplied by the percentage applicable to the [Covered Loss], as shown in the Schedule of Benefits.]
[Owned Aircraft Coverage	Principal Sum multiplied by the percentage applicable to the [Covered Loss], as shown in the Schedule of Benefits.]
[Pilot Coverage	Principal Sum multiplied by the percentage applicable to the [Covered Loss], as shown in the Schedule of Benefits.]
[Terrorism Coverage	Principal Sum multiplied by the percentage applicable to the [Covered Loss], as shown in the Schedule of Benefits.]
[War Risk Coverage	Principal Sum multiplied by the percentage applicable to the [Covered Loss], as shown in the Schedule of Benefits.]

[ACCIDENTAL SEVERE BURN AND DISFIGUREMENT BENEFIT

[75-100% Body Disfigurement	[10% to 100% of the Principal Sum; \$500-\$50,000,000]
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[50-74% Body Disfigurement [25-49% Body Disfigurement [10-24% Body Disfigurement [Burn Classification]	[10% to 100% of the Principal Sum; \$500-\$50,000,000] [10% to 100% of the Principal Sum; \$500-\$50,000,000] [10% to 100% of the Principal Sum; \$500-\$50,000,000] [first] [(second)] [(third)] degree]]
[ADDITIONAL OCCUPATIONAL BENEFIT]	
[Loss must occur within	[30 to 730] days of the Covered Loss]
Benefit Amount	[Accidental Death] [\$250.00-\$100,000] [[5% to 50%] multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of [Accident][Accidental Death] [and Dismemberment] Benefits]]
[AIRCRAFT [OWNED] [LEASED] [OPERATED] [OR] CONTROLLED BENEFIT]	
[Loss must occur within	[30 to 730] days of the Covered Loss]
Benefit Amount	[Accidental Death] [\$500-\$5,000,000] [25% to 100% of Principal Sum]]
[AIRCRAFT PILOT [AND CREW] [PASSENGERS] BENEFIT]	
[Loss must occur within	[30 to 730] days of the Covered Loss]
Benefit Amount	[Accidental Death] [\$500-\$5,000,000] [25% to 100% of Principal Sum]]
[ALTERNATIVE COMMUTING BENEFIT]	
[Loss must occur within	[30 to 730] days of the Covered Loss]
Benefit Amount	[Accidental Death] [\$500-\$50,000,000] [2% to 50% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of [Accident][Accidental Death] [and Dismemberment] Benefits]]
[AMBULANCE BENEFIT]	
[Ground Ambulance	[\$25–\$2,500] [10% to 25% of the Principal Sum]]
[Air Ambulance	[\$250–\$5,000] [10% to 25% of the Principal Sum]]
[Maximum Number of Trips	[2 to 12] per [calendar] [certificate] [Policy] year]]
[AMBULATORY SURGICAL [AND HOSPITAL OUTPATIENT CENTER] BENEFIT]	
[Loss must occur within	[30 to 730] days of the Covered Loss]
Benefit Amount	[\$50 to \$5,000 per visit]]
[ASSOCIATION MEMBERS' BENEFIT]	
[Benefits for Accidental Loss of Life	[500-\$100,000,000]
[Benefits for Accidental Loss of Limb or Sight]	
[Loss of Two or More Hands or Feet	[25% to 100% of the Principal Sum]]
[Loss of Sight of Both Eyes	[25% to 100% of the Principal Sum]]
[Loss of One Hand and Sight in One Eye	[25% to 100% of the Principal Sum]]
[Loss of One Foot and Sight in One Eye	[100% of the Principal Sum]]
[Loss of One Hand or Foot	[10% to 100% of the Principal Sum]]
[Loss of Sight in One Eye	[10% to 100% of the Principal Sum]]]

[BEREAVEMENT AND TRAUMA COUNSELING BENEFIT]

[Loss must occur within [30 to 730] days of the Covered Loss]

Benefit Amount [\$50-\$250] per session

[Maximum Number of Sessions [40]]

[Maximum Benefit Per Covered Loss [\$10,000]]

[BOMB SCARE, BOMB SEARCH OR BOMB EXPLOSION BENEFIT]

[Loss must occur within [30 to 730] days of the Covered Loss]

Benefit Amount [Accidental Death] [\$500-\$50,000,000]
[10% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of [Accident][Accidental Death] [and Dismemberment] Benefits]]

[BONUS BENEFIT]

[Loss must occur within [30 to 730] days of the Covered Loss]

Benefit Amount [Accidental Death] [\$500-\$10,000,000]
[10% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of [Accident][Accidental Death] [and Dismemberment] Benefits]]

[BRAIN DAMAGE BENEFIT]

[Loss must occur within [30 to 730] days of the Covered Loss]

Benefit Amount [\$500-\$50,000,000]
[10% to 100% of the Principal Sum [subject to a Maximum Benefit of [\$100,000-\$25,000,000]]]]

[BRAIN [DAMAGE] [INJURY] ACTIVITIES OF DAILY LIVING BENEFIT]

[Loss must occur within [30 to 730] days of Covered Loss]

[Hospitalized [1 to 7] days within the first [30 to 130] days of Covered Loss]]

Benefit Amount [\$500-\$50,000,000]
[5% to 100% of Principal Sum [subject to a maximum of [\$500-\$50,000,000]]]]

Activities of Daily Living [1 to 6] of 6 Activities of Daily Living

[BRAIN DEATH BENEFIT]

[Loss must occur within [30 to 730] days of the Covered Loss]

Benefit Amount [\$500-\$50,000,000]
[10% to 100% of the Principal Sum [subject to a Maximum Benefit of [\$100,000-\$25,000,000]]]]

[BULLETPROOF VEST BENEFIT]

[Loss must occur within [30 to 730] days of the Covered Loss]

Benefit Amount [Accidental Death] [\$500-\$50,000,000]
[5% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of [Accident][Accidental Death] [and Dismemberment] Benefits]]

[BURIAL AND CREMATION BENEFIT]

Benefit Amount	[\$1,000-\$50,000]]	
[BUSINESS TRAVEL BENEFIT]		
[Loss must occur within	[30 to 730] days of the Covered Loss]	
Benefit Amount	[\$500-\$50,000,000] [10% to 100% of the Principal Sum [subject to a Maximum Benefit of [\$100,000-\$50,000,000]]]]	
[CARJACKING BENEFIT]		
Benefit Amount	[Accidental Death] [\$500-\$50,000,000] [10% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of [Accident][Accidental Death] [and Dismemberment] Benefits]]	
[CHILD(REN)'S ADDITIONAL INDEMNITY [DISMEMBERMENT] [PARALYSIS] [LOSS OF USE] BENEFIT]		
[Loss must occur within	[30 to 730] days of the Covered Loss]	
Benefit Amount	[\$500-\$50,000,000] [10% to 100% of the Principal Sum [subject to a Maximum Benefit of [\$100,000-\$25,000,000]]]]	
[CHILD CARE CENTER BENEFIT]		
Benefit Amount	[\$1,000-\$20,000 per [calendar] [policy] year] [5% to 50% of the Principal Sum]	
[Maximum Benefit Period	[to Age [13] for each surviving Dependent Child]	
[Default Benefit	[\$500-\$5,000]]]	
[CHILD SURVIVOR BENEFIT]		
[Loss must occur within	[30 to 730] days of the Covered Loss]	
Benefit Amount	[\$500-\$50,000,000] [10% to 100% of the Principal Sum [subject to a Maximum Benefit of [\$100,000-\$25,000,000]]]]	
[CIVIL UNREST BENEFIT]		
[Loss must occur within	[30 to 730] days of the Covered Loss]	
Benefit Amount	[10 to 100%] multiplied by the portion of the Principal Sum applicable to the Covered Loss, as shown in the <i>Schedule of Benefits.</i>] <i>not applicable if stand-alone benefit</i>	
[For stand alone benefit]	Covered Loss [Loss of Life [Loss of Two or More Hands or Feet [Quadriplegia [Hemiplegia [Uniplegia [Coma	Benefit [\$500-100,000,000] [\$500-\$100,000,000] [\$500-100,000,000] [\$500-100,000,000] \$500-\$100,000,000]
[COMMON CARRIER] [PUBLIC CONVEYANCE] BENEFIT]		
[Loss must occur within	[30 to 730] days of the Covered Loss]	
Benefit Amount	[Accidental Death] [\$500-\$50,000,000]	

[10% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of [Accident][Accidental Death] [and Dismemberment] Benefits]]

[COMMUTING BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[Accidental Death] [\$500-\$50,000,000]

[10% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of [Accident][Accidental Death] [and Dismemberment] Benefits]]

[[COBRA] [INSURANCE CONTINUATION] EXPENSE BENEFIT

Benefit Amount

[\$500-\$25,000 per [calendar] [policy] year]

[1% to 25% of Principal Sum per [calendar] [policy] year]

[Maximum Number of Years

[1-10] years]]

[COMA BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

[Benefit Amount

[\$500-\$2,000,000] [10% to 100% of the Principal Sum [subject to a Maximum Benefit of [\$1,000-\$2,000,000]]]]

[Monthly Benefit

[1%] of the Principal Sum [for the first 11 months, 100% in month 12] to a maximum of 100% of the Principal Sum]]

[COMMON [ACCIDENT] [DISASTER] BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[Accidental Death] [\$500-\$50,000,000]

[10% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of [Accident][Accidental Death] [and Dismemberment] Benefits]]

[CRISIS DEATH BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$500-\$50,000,000] per [Insured Person] [Up to a Maximum of \$100,000,000 per incident]]

[DIAGNOSIS X RAY AND LABORATORY BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$100-\$1,000] per test

[Maximum

[1 to 10] per insured per [calendar] [policy] year]]

[DOMESTIC ASSISTANCE BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$50-\$500 per week] [subject to a Maximum of [\$5,000-\$10,000]]

[Maximum Benefit Period

[4 to 104] weeks]]

[ELDER SURVIVOR BENEFIT

[Loss must occur within	[30 to 730] days of the Covered Loss]
Benefit Amount	[\$500-\$50,000,000] [10% to 100% of the Principal Sum [subject to a Maximum Benefit of [\$100,000-\$25,000,000]]]
[EMERGENCY ROOM [ACCIDENT TREATMENT] BENEFITS	
[Loss must occur within	[30 to 730] days of the Covered Loss]
Benefit Amount per visit	[\$50-\$5000]
[Maximum visits [treatments] per [calendar] year	[Insured] [Per Family] [2 to 20]]
[Maximum Benefit per Covered Loss	[\$250-\$5,000]]]
[EMERGENCY TEAM BENEFIT	
[Loss must occur within	[30 to 730] days of the Covered Loss]
Benefit Amount	[an Additional] [Accidental Death] [\$500-\$50,000,000] [10% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of [Accident][Accidental Death] [and Dismemberment] Benefits.]]
[ESCALATOR [INFLATION] BENEFIT	
Periodic increase	[2% to 20%]
[Frequency of increases	[semi annually, annually]]
[Maximum total increase	[10% to 100%]]]
[EXPOSURE AND DISAPPEARANCE BENEFIT	[included/excluded]]
[FAMILY EXTENSION BENEFIT	
Benefit Maximum	[3, 6, 9, 12, 18, 24] Months]
[FAMILY INCOME BENEFIT	
Monthly Benefit Amount	[\$250-\$5,000] [0.5% to 25% of the Principal Sum]
[Maximum Benefit Period	the lesser of [6 to 104 consecutive months] or until the death of the last surviving [Insured] Dependent, whichever comes first.]]
[FELONIOUS ASSAULT [AND VIOLENT CRIME] [ROBBERY] BENEFIT	
[Loss must occur within	[30 to 730] days of the Covered Loss]
Benefits Amount	[Accidental Death] [\$500-\$50,000,000] [10% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of [Accident][Accidental Death] [and Dismemberment] Benefits.]]
[HEART AND CIRCULATORY MALFUNCTION	
[Loss must occur within	[30 to 730] days of the Covered Activity]
Benefit Amount	[\$5,000-\$5,000,000] [5% to 100% of the Principal Sum [subject to a Maximum of [\$1,000-\$10,000]]]]
[HIJACKING AND AIR PIRACY BENEFIT	
[Loss must occur within	[30 to 730] days of the Covered Loss]

Benefit Amount	[Accidental Death] [\$500-\$50,000,000] [10% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of [Accident][Accidental Death] [and Dismemberment] Benefits.]]
[[HIV] [OCCUPATIONAL or ASSIGNED DUTIES] [VOLUNTEER DUTIES]] ACCIDENT BENEFIT	
Benefit Amount	[\$1,000-\$50,000] [5% to 50% of the Principal Sum [subject to a Maximum of [\$1,000,000]]]]
[Monthly Benefit	[\$500-\$5,000] up to [12 to 96 months or death]]]
[HEPATITIS [OCCUPATIONAL or ASSIGNED DUTIES] [VOLUNTEER DUTIES]] ACCIDENT BENEFIT	
Benefit Amount	[\$1,000-\$50,000] [5% to 50% of the Principal Sum [subject to a Maximum of [\$1,000,000]]]]
[Monthly Benefit	[\$250-\$2,500] up to [6 to 12 months or death]]]]
[[HOME ALTERATION AND VEHICLE MODIFICATION] [WHEELCHAIR CONFINEMENT] BENEFIT	
Benefit Amount	[\$2,000-\$50,000] [5% to 50% of the Principal Sum [subject to a Maximum of [\$50,000]]]]
[HOME INVASION BENEFIT	
[Deductible Amount	[\$100-\$5,000]]
[Lost Salary Benefit Amount	[\$1,000-\$20,000]]
[Residential Security Expense benefit	[\$1,000-\$10,000]]
[Temporary Relocation Benefits	[\$100-\$10,000]]
[HOSPITAL [INDEMNITY] [CONFINEMENT] [STAY] BENEFIT	
Benefit Amount	[\$25-\$10,000] per [day, week, month]
[Maximum Benefit Period	[15 days to 730 days] per Hospital Stay]
[Hospital Stay must begin within	[1 to 90 days] of a Covered Loss]
[Benefit Waiting Period	[0 to 7 days]]]
[HUNTING ACCIDENT BENEFIT	
[Accidental Death Benefit	[\$500-\$100,000,000]]
[Hospital Stay Benefit	[\$50-\$5,000] per day]]
[Maximum Benefit Period	[1 to 730 days per Hospital Stay per Covered Loss]]]
[INVALIDATION OF LIFE INSURANCE BENEFIT	
Maximum Benefit	[\$1,000-\$100,000]]
[KIDNAP AND EXTORTION BENEFIT	
Benefit Amount	[Accidental Death] [\$1,000-\$5,000,000] [10% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of [Accident][Accidental Death] [and Dismemberment] Benefits [subject to a Maximum of [\$1,000-\$500,000] per Covered Loss.]]]
[KIDNAP AND EXTORTION CONSULTANT EXPENSE BENEFIT	
[Kidnap or Extortion consultant costs	[up to \$1,000,000]]
[Kidnap or Extortion expenses	[none, included in the kidnap and extortion consultant cost]]]
[Kidnap and Extortion payment	[none, included in the kidnap and extortion consultant costs]]]

[Hijack and Kidnap Daily Benefit

[\$100 to \$5,000 [subject to a Maximum of [5-100] days]]]]

[LAW ENFORCEMENT BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[Accidental Death] [\$500-\$50,000,000]
[1% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of [Accident][Accidental Death] [and Dismemberment] Benefits]]

[[MEDICAL EVACUATION]] BENEFIT

[Medical Evacuation benefit

[Included] [Excluded] [\$1,000-\$10,000,000]]

[REPATRIATION EVACUATION BENEFIT

[Repatriation benefit

[Included] [Excluded] [\$1,000-\$10,000,000]]]

NATURAL DISASTER BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$500-\$50,000,000]
[1% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of [Accident][Accidental Death] [and Dismemberment] Benefits]]

[OCCUPATIONAL DISEASE BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$500-\$50,000,000]
[1% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of [Accident][Accidental Death] [and Dismemberment] Benefits [subject to a Maximum of [\$1,000-\$500,000]]]]

[OUTPATIENT CENTER BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$50-\$5,000 per visit]]

[PARALYSIS BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

[Quadriplegia

[\$500-\$50,000,000]
[25%, 50%, 75%, 100% of the Quadriplegia Benefit shown in Schedule of [Accident][Accidental Death] [and Dismemberment] Benefits]

[Paraplegia

[\$250-\$50,000,000]
[25%, 50%, 75%, 100% of the Paraplegia Benefit shown in Schedule of [Accident][Accidental Death] [and Dismemberment] Benefits]

[Hemiplegia

[\$250-\$50,000,000]

[25%, 50%, 75%, 100% of the Hemiplegia Benefit shown in Schedule of [Accident][Accidental Death] [and Dismemberment] Benefits]

[Uniplegia

[\$125-\$50,000,000]

[25%, 50%, 75%, 100% of the Uniplegia Benefit shown in Schedule of [Accident][Accidental Death] [and Dismemberment] Benefits]

[Note: The Paralysis Benefit Amount for an Insured Spouse will be [10% to 100%] of the [Insured Person's] Benefit. [The Paralysis Benefit for an Insured Dependent Child will be [10% to 100%] of the [Insured Person's] Benefit Amount.]]

[PARENT CARE BENEFIT

Benefit Amount

[\$500-\$5,000 [subject to a Maximum of [\$5,000-\$50,000]]]

[[PHYSICAL] [OCCUPATIONAL] [SPEECH] THERAPY BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$10-\$250]

[Maximum number of visits per Covered Loss

[2 to 50]]]

PERMANENT TOTAL DISABILITY BENEFIT

[Benefit Waiting Period

[6 months]]

Option 1 – single lump sum

[Lump Sum Benefit

[\$500-\$50,000,000]

[100% of the Principal Sum]]

Option 2 – monthly benefits

[Total of Monthly Benefits

[25% to 100% of the Principal Sum]

[\$2,500-\$50,000]]

Monthly Benefit Payment

[1% to 50% of the Principal Sum] [\$100-\$10,000]]

Option 3 – single lump sum and monthly benefits

[Initial Lump Sum Payment

[[40%] of the Principal Sum] [\$500-\$50,000,000]

[Additional Monthly Benefit Payment

[[1%] of the Principal Sum] [\$100-\$10,000]]

Option 4 – monthly benefits with limited benefit period when disability begins after Age 62

[Total Monthly Benefits

[25% to 100% of the Principal Sum] [\$2,500-\$50,000]]

Monthly Benefit Payment

[0.5% to 10% of the Principal Sum] [\$100-\$5000]]

[Benefit Period

<u>Age When Permanent Total Disability Begins</u>	<u>Benefit Period (Months)</u>
Less than 62	Lifetime
62	42
63	36
64	30
65	24
66	21
67	18
68	15
69 or older	12]

[PRIVATE PASSENGER BENEFIT

Benefit Amount

[Accidental Death] [\$1,000-\$5,000,000]

[10% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the

Schedule of [Accident][Accidental Death] [and
Dismemberment] Benefits [subject to a Maximum of
[\$1,000-\$500,000] per Covered Loss.]]]

[PROSTHESIS [APPLIANCE] BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$250-\$5,000] per Covered Loss]

[PSYCHOLOGICAL TREATMENT BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$1,000-\$50,000]
[10% to 50% of the Principal Sum [subject to a
Maximum of [\$500-\$50,000]]]]]

(Applicable to non-contributory coverages)

[REASONABLE ACCOMMODATION AT WORKSITE EXPENSE BENEFIT

Maximum Benefit per Covered Accident

[\$500-\$50,000]]]

[RECONSTRUCTIVE SURGERY BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$1,000-\$50,000]
[10% to 100% of the Principal Sum [subject to a
Maximum of [\$500-\$50,000]]]]]

[REHABILITATION BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$1,000-\$50,000]
[10% to 100% of the Principal Sum [subject to a
Maximum of [\$500-\$50,000]]]]]

[RELOCATION BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

[[Insured Person] Benefit

[\$500-\$5,000,000]
[10% to 100% multiplied by the portion of the Benefit
Amount applicable to the Covered Loss, as shown in the
Schedule of [Accident][Accidental Death] [and
Dismemberment] Benefits [subject to a Maximum of
[\$1,000-\$500,000] per Covered Loss]]]

[Household Member Benefit

[\$500-\$1,000,000]
[10% to 50% of the [Insured Person's] Benefit [subject
to a maximum of [\$25,000]]]]]

[SCHEDULED AIR TRAVEL BENEFIT

[10 to 100%] multiplied by the portion of the Principal
Sum applicable to the Covered Loss, as shown in the
*Schedule of Benefits.] not applicable if stand-alone
benefit*

[For stand alone benefit]

Covered Loss	Benefit
[Loss of Life	[\$500-100,000,000]
[Loss of Two or More Hands or Feet	[\$500-\$100,000,000]
[Quadriplegia	[\$500-100,000,000]
[Hemiplegia	[\$500-100,000,000]

	[Uniplegia [Coma	[\$500-100,000,000] \$500-\$100,000,000]
[SEATBELT [AND AIRBAG] [SAFETY DEVICE] BENEFIT		
[Loss must occur within	[30 to 730] days of the Covered Loss]	
[Seatbelt Benefit	[\$500-\$50,000,000] [5% to 100% of the Principal Sum [subject to a Maximum of [\$500-\$50,000,000]]]]	
[Airbag [Safety Device] Benefit	[\$500-\$50,000,000] [5% to 100% of the Principal Sum [subject to a Maximum of [\$500-\$50,000,000]]]]	
[Default Benefit	[\$500-\$10,000]]]	
[SPECIAL EDUCATION BENEFIT		
[Surviving Dependent Child Benefit	[\$500-\$30,000] [2% to 20% of the Principal Sum [subject to a Maximum of [\$5,000-\$30,000]]]]	
[Surviving Spouse Benefit	[\$500-\$30,000] [2% to 20% of the Principal Sum [subject to a Maximum of [\$7,500]]]]	
[Maximum number of Annual Payments [For Each Surviving Dependent Child [For Surviving Spouse	[4]] [4]]]	
[Default Benefit	[\$1,000-\$10,000]]]	
[SPONSORED EVENT BENEFIT		
[Loss must occur within	[30 to 730] days of the Covered Loss]	
Benefit Amount	[Accidental Death] [\$500-\$50,000,000] [2% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of [Accident][Accidental Death] [and Dismemberment] Benefits [subject to a Maximum of [\$1,000-\$500,000]]]]	
[SPOUSE RETRAINING BENEFIT		
	[1% to 100%] of the Principal Sum [subject to a Maximum Benefit of [\$100-100,000]]]	
[SPOUSE SURVIVOR BENEFIT		
Total of Monthly Benefits: At death of covered [variable; Employee, Member]	[10% to 100% of the Principal Sum [or covered Spouse Principal Sum]	
[At death of covered Spouse	[\$500-\$100,000 of the Principal Sum [or covered Spouse Principal Sum]]]	
Benefit Period [3 to 36 months]		
[TELECOMMUTERS BENEFITS		
[Loss must occur within	[30 to 730] days of the Covered Loss]	
Benefit Amount	[Accidental Death] [\$500-\$1,000,000] [2% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of [Accident][Accidental Death] [and Dismemberment] Benefits [subject to a Maximum of [\$1,000-\$1,000,000]]]]	
TERRORISM [SCARE] BENEFIT		
[Loss must occur within	[30 to 730] days of the Covered Loss]	

Benefit Amount	[Accidental Death] [\$500-\$50,000,000] [10% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of [Accident][Accidental Death] [and Dismemberment] Benefits [subject to a Maximum of [\$50,000,000]]]
[TOTAL DISABILITY [WEEKLY or MONTHLY] INCOME BENEFIT	
[Weekly Benefit	[\$25-\$5,000]]
[Maximum Benefit Period	[26 to 104] weeks]
[Monthly Benefit	[\$100-\$20,000]]
[Maximum Benefit Period	[6 to 72] months]
[Total Disability must begin within	[1 to 730] days of the Covered Loss]
[Waiting Period	[1 to 30] days]
[When Benefits Begin	[End of the Waiting Period; Date of Total Disability]]]
[VOCATIONAL TRAINING EXPENSE BENEFIT	
[[Insured Person] Benefit Amount	[\$2,000-\$50,000] [5% to 50% of the Principal Sum [subject to a Maximum of [\$50,000]
[Insured Dependent	[\$2,000-\$50,000] [1% to 50% of the Principal Sum [subject to a Maximum of [\$50,000]]]
[WAIVER OF PREMIUM BENEFIT	
[Benefit Waiting Period	[3-48 months]
[Benefit period	
<u>Age when Total Disability Begins</u>	<u>Benefit Period</u>
Less than [60]	to Age [65, 70, 80, 85, Lifetime]
60 or less	[12-96 months]
[[ACCOMMODATIONS] [AND] [TRAVEL TICKET] BENEFIT	
[Loss must occur within	[30 to 730] days of the Covered Loss]
Benefit amount	[\$100-\$2,500] per ticket
[Accommodations Benefit	[\$100-\$500] [subject to a Maximum of [1 to 60] days]]
[EMERGENCY REUNION BENEFIT	
Benefit maximum	[\$1,000-\$50,000]
[Deductible	[\$25-\$1,000]]
[Co insurance	[1% to 99%]]
[Maximum Duration of Coverage	[2 to 180 days]]]
[HOME COUNTRY EMERGENCY BENEFIT	
Benefit Amount	[\$1,000-\$100,000]
[Deductible	[\$25-\$1,000]]
[Co-insurance	[1% to 99%]]
[Maximum Duration of Coverage	[10 to 365 days]]]
[HOME COUNTRY EXTENSION BENEFIT	
Benefit Amount	[\$1,000-\$100,000]
[Deductible	[\$25-\$1,000]]
[Co-insurance	[1% to 99%]]
[Maximum Period of Payment	[1 to 6 months]]]

[PANDEMIC INFLUENZA [VACCINATION] [EVACUATION] BENEFIT

[Vaccination benefit	[\$10-\$250] per shot]
[Evacuation	[\$1,000-\$10,000]]]

[RETURN MINOR CHILD(REN) TRAVEL BENEFIT

Benefit Amount	[\$1,000-\$25,000]
[Deductible	[\$50-\$500]]
[Co Insurance	[1% to 99%]]]

[SCHEDULED [AIRCRAFT] [TRAIN] [BUS] [FERRY] TRAVEL BENEFIT

Benefit Amount	[Accidental Death] [\$500-\$50,000,000] [10% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of [Accident][Accidental Death] [and Dismemberment] Benefits [subject to a Maximum of [\$50,000,000]]]]
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[SECURITY EVACUATION BENEFIT

Benefit Amount	[Included] [Excluded] [\$500-\$10,000,000]]
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[WAR RISK BENEFIT

[10% to 100%] multiplied by the portion of the Principal Sum applicable to the Covered Loss, as shown in the *Schedule of Benefits.*] *Not applicable if stand-alone benefit*

[For stand alone benefit]

Covered Loss	Benefit
[Loss of Life	[\$500-100,000,000]
[Loss of Two or More Hands or Feet	[\$500-\$100,000,000]
[Quadriplegia	[\$500-100,000,000]
[Hemiplegia	[\$500-100,000,000]
[Uniplegia	[\$500-100,000,000]
[Coma	\$500-\$100,000,000]]

GENERAL DEFINITIONS

Please note that certain words used in this Policy have specific meanings. The words defined below and capitalized within the text of this Policy have the meanings set forth below.
(Each definition is optional and variable, depending on the type of group and benefits and options elected.)

[Accident or Accidental] means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place while the [Insured Person] is covered under this Policy.]

[Active Service/Actively at Work] (Include when eligibility is based on employment status.)
[[The [Insured Person] will be considered in Active Service with his Employer on any day that is either of the following:
1. one of [the Employer's] scheduled work days on which [the Employee] is performing his regular duties on a [full-time basis] [part-time basis], either at one of the Employer's usual places of business or at some other location to which the Employer's business requires [the Employee] to travel;
2. a scheduled holiday, vacation day or period of Employer-approved paid leave of absence, other than sick leave, only if [the Employee] was in Active Service on the preceding scheduled workday.]

(Include when eligibility is not based on employment)

[[The Member,] [Insured Person] is considered in Active Service if he is none of the following:
1. an Inpatient in a Hospital or receiving Outpatient care for chemotherapy or radiation therapy;
2. confined at home under the care of a Physician for sickness or injury;
3. Totally Disabled.]]

[Activities of Daily Living (ADL)] means the following activities:

Bathing - the ability to wash oneself in either a tub or shower, or by sponge bath; including the tasks of getting into and out of the tub or shower with or without the assistance of equipment;

Dressing - the ability to put on, take off, and secure all necessary and appropriate items of clothing and any necessary braces or artificial limbs;

Toileting - the ability to get to and from the toilet, get on and off the toilet, and perform associated personal hygiene with or without the assistance of equipment;

Transferring - the ability to move in and out of bed, chair, or wheelchair with or without the assistance of equipment;

Eating - the ability to get nourishment into the body by any means once it has been prepared and made available to one with or without the assistance of equipment; and

Continence - the ability to voluntarily maintain control of bowel and/or bladder function or, in the event of incontinence, the ability to maintain a reasonable level of personal hygiene.]

[Age] [An Insured Person's] Age, for purposes of initial premium calculations, is his Age attained on the date coverage becomes effective for him under this Policy. [Thereafter, it is his Age attained on [the last Policy anniversary] or [his last birthday].]

[Aircraft] a vehicle which:
1. has a valid certificate of airworthiness; and

2. is being flown by a pilot with a valid license to operate the Aircraft.

[Airworthiness Certificate

means a "Standard" Airworthiness Certificate issued by the Federal Aviation Agency of the United States of America or its equivalent issued by the governmental authority having jurisdiction over civil aviation in the country of registry.]

[Basic Earnings means your annual compensation from your Employer.]

Basic earnings includes:

- [your average monthly compensation from your Employer during the Employer's prior tax year if you were a Partner, Professional Corporation (P.C.) Partner, Owner-employee, Sole Proprietor and/or S-Corporation Shareholder];
- the average annual compensation received by your professional corporation from the Employer during the Employer's prior tax year. The Company will calculate annual earnings by adding the following items as reported on the applicable Schedule K-1, Schedule C, Form W-2, or S-Corporation federal income tax return, or by the number of months that you were a Partner, Professional Corporation (P.C.) Partner, Owner-employee, Sole Proprietor and/or S-Corporation Shareholder if less than 12 months. This includes:
 - your ordinary income from trade or business activities;
 - your guaranteed payments if you were a Partner;
 - your net profit from the business;
 - your compensation (as an officer), salary or wages, if you were a S-Corporation Shareholder]
- [your average annual rate of compensation from your Employer including:
 - average annual salary
 - regular hourly wages (but not for more than 40 hours a week)
 - commissions averaged over the preceding [12-36] months or the period of your employment if less than [12-36] months]
- [shift differential pay]
- [contributions you make through a salary reduction agreement with the Employer to:
 - an Internal Revenue Code (IRC) 401(k), 403(b), 408(k), 408(p), or 457 deferred compensation arrangement;
 - an executive nonqualified deferral compensation arrangement]
- [amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC section 125 plan.]

Basic earnings does not include:

- [tips] [commissions] [and] [special compensation]
- [bonuses
- overtime pay
- extra compensation
- your Employer's contributions on your behalf to any deferred compensation plan or pension plan
- income you earn as a private contractor on IRS Form 1099
- stock options
- an Internal Revenue Code (IRC) 401(k), 403(b), 408(k), 408(p), or 457 deferred compensation arrangement]

If the [Insured Person] is a commissioned sales person, Basic Earnings will be any salary or wages and commissions received from the Employer. This will be based on the Statement of Wages Earned and

Taxes Withheld (Form W-2) for the fiscal year ending immediately prior to the date of the [Insured Person's] death.]

[Calendar Year] means January 1st through December 31st of any year.]

[Change in Family Status] means:

- Your marriage, or the birth or adoption of a child, or becoming the legal guardian of a child;
- The death of or divorce from your spouse;
- The death of or emancipation of a child;
- Spouse's loss of employment which results in a loss of group insurance; or
- Change in classification from part-time to full-time or from full-time to part-time.]

Civilian Aircraft means a civil or public aircraft having a valid Airworthiness Certificate and piloted by a person who has a current and valid medical certificate and pilot certificate with appropriate ratings for the aircraft. A Civilian Aircraft does not include a Policyholder Aircraft.]

[Common Carrier [Public Conveyance]] means:

1. a conveyance, including Aircraft, licensed for hire to carry fare-paying passengers; or
2. a transport Aircraft operated by the Air Mobility Command of the United States of America or similar air transport service of another country.]

[Conveyance] means a motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority]

[Core] [Basic] Plan the noncontributory plan of benefits provided under this Policy.

[Covered Accident] means an Accident that results in a [Covered Loss] during the Policy Term.]

[Covered Expenses] means expenses actually incurred by or on behalf of a(n) [Insured Person] for treatment, services and supplies covered by this Policy. Coverage under the Policyholders' Policy must remain continually in force from the date of the [Covered Loss] [Covered Activity] [Covered Hazard] until the date of treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date treatment, service or supply that gave rise to the expense or the charge, was rendered or obtained.]

[Covered Injury] means [accidental] bodily [harm] [injury]: (1) which is sustained [by an Insured Person] [as a direct result of an unintended, unanticipated Accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force,] and (2) which [results] directly [and independently from all other causes from a [Covered Accident] [(independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a [Covered Loss]] and (3) which occurs while such person is participating in a [Covered Activity]]. [The [Covered Injury] must be caused through accidental means.] [All injuries sustained by an [Insured Person] in any one accident, including related conditions and recurrent symptoms of these injuries, are considered a single injury.]]

[Covered Loss] means a loss which results from a [Covered Accident or Injury] [or] [Emergency Sickness] [Covered Activity] [Covered Activities] [Covered Hazard], and for which benefits are payable under the Policy.]]

[Covered Activity(ies)]

[Covered Hazard] any [recurring] activity that is shown in the *Schedule of Benefits* [and:

1. takes place under one of the Conditions of Coverage specified in the *Schedule of Benefits*; and

2. is sponsored, organized, scheduled [or otherwise provided by [the Policyholder, Subscriber] [Financial Institution;] and
3. is a Covered Hazard.]]

[Dependent Child

means the [Insured Person's] unmarried child who meets the following requirements.

1. A child from [live birth] [6 months] to [19] years old.
2. A child who is [19] or more years old but less than [30] years old, enrolled in a school [as a full-time student] and chiefly dependent on the [Insured Person] for support and maintenance. Coverage will continue during any period between school terms or school years as long as the Company is provided satisfactory proof that he has enrolled for the next following school term or year.
3. [A child who is [19] or more years old, chiefly dependent on the [Insured Person] for support and maintenance, and incapable of sustaining employment by reason of mental retardation or physical disability and who became so incapacitated prior to the attainment of 19 years of age. Proof of the child's condition and dependence must be submitted to the Company .]

A Dependent Child, for purposes of this definition, includes [the Insured Person's]:

1. Natural child;
2. Adopted child, beginning on the date of the filing of a petition for adoption, if the Insured applies for coverage within 60 days after the filing of the petition ;]
3. Stepchild [who resides with [the Insured Person;]]
4. [Child for whom the [Insured Person] is legal guardian]

[If the [Insured Person] who is the legal guardian of a child is not a step-parent, grandparent, aunt or uncle, then the child must have resided with him for at least [six consecutive months] and intends to reside with him for an indefinite period of time.]

[Eligible Domestic Partner means a person who:

1. Shares the [Insured Person's] permanent residence;
2. Has resided with the [Insured Person] continuously for at least [six months to two years] and is expected to reside with the [Insured Person] indefinitely;
3. Is financially interdependent with the [Insured Person] [in each] of the following ways:
 - [a. by holding one or more credit or bank accounts, including a checking account, as joint accountholders;]
 - [b. by owning or leasing their permanent residence as joint tenants;]
 - [c. by naming, or being named by, the [Insured Person] as a beneficiary of life insurance or under a will;]
 - [d. by each agreeing in writing to assume financial responsibility for the welfare of the other;]]
4. Has signed a Domestic Partner declaration with the [Insured Person], if he resides in a jurisdiction which provides for a Domestic Partner declaration;]
5. Has not signed a Domestic Partner declaration with any other person within the last [12 to 24 months];]
6. Is no less than [18 to 23] years of age and not more than [60 to 85] years of age;
7. Is not legally permitted to marry the [Insured Person];]
8. Is not legally married to any other person;
9. Is not a blood relative any closer than would prohibit legal marriage.

[In addition to the above requirements, consent of either party due to the Domestic Partner relationship must not have been obtained by force, duress or fraud.]

[An employee may insure a Domestic Partner if all of the following conditions are met:

1. The [Insured Person] has not been married to any person within the past [12 to 24 months];
2. The Domestic Partner is the only person meeting this Policy's definition of Domestic Partner with respect to the [Insured Person];
3. [The Insured Person] and the Domestic Partner furnish a [notarized affidavit or signed statement] reflecting these requirements, and an agreement to notify the Company the requirements cease to be met, on a form acceptable to the Company.]]

[Eligible Person] means an individual as defined in the *Schedule of Benefits*.

[Emergency Sickness] means an illness or disease diagnosed by a Physician which:

1. causes a severe or acute symptom that, if not provided with immediate treatment, would reasonably be expected to result in serious deterioration of the [Insured Person's] health or place his life in jeopardy; and
2. first manifests itself suddenly and unexpectedly while the [Insured Person] is participating in a [Covered Activity] [Covered Hazard].]]

[Employee] For eligibility purposes, an Employee of [the Employer] who is in one of the Covered Classes. [The term does not include [Employees] who work less than [variable; e.g., 20 to 30 hours per week] for [the Employer].]]

[Employer] [the Policyholder, Subscriber] and any affiliates, subsidiaries or divisions shown in the Master Policy covered under this Policy on its effective date or a later date agreed to by the Company.]

[Family Coverage] - means coverage in force under the Policy on an Insured's Eligible Dependents: 1) whom the Insured has elected to cover under the Policy; and (2) for whom premium has been paid.]

[He, His, Him, You, Yours] refers to any individual, male or female.]

[Hospital] an institution that meets all of the following:

1. it is licensed as a Hospital pursuant to applicable law;
2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. it is managed under the supervision of a staff of medical doctors;
4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
6. it charges for its services.

[Hospital shall include a Veteran's Administration Hospital or Federal Government Hospital and the requirement that a patient must incur an expense as an inpatient shall be waived.]

[The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. rehabilitation, convalescent, custodial, educational or nursing care;
2. the aged, drug addicts or alcoholics;
3. [a Veteran's Administration Hospital or Federal Government Hospital unless [the Insured Person] incurs an expense.]]]

[Hospital Confined or Hospital Stay or Confined to a Hospital]

means a stay of [24 to 98] or more consecutive hours as a registered resident bed-patient in a Hospital. Separate Hospital Stays due to the same [Covered Loss] [or Emergency Sickness] will be treated as one Hospital Stay unless separated by at least [30 days - 180 days].]

[Immediate Family Member] means a person who is related to the [Insured Person] in any of the following ways: spouse, [Eligible Domestic Partner] brother-in-law, sister-in-law, daughter –in-law, son-in-law, mother in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild)

[Inpatient] means confined overnight as a registered bed patient in a Hospital or other medical facility where at least one day's room and board is charged. The confinement must be on the advice of a Physician.]

[Insured Dependent	means an [Insured Dependent Child] [or an] [Insured Spouse] , for whom premium is paid while covered under the Policy.]
[Insured Dependent Child	means the [Insured's Persons] Dependent Child, for whom premium is paid while covered under the Policy.]
[Insured Spouse	means the Insured's Spouse, for whom premium is paid while covered under this Policy.]
Insured Person	an Eligible Person, as defined in the <i>Schedule of Benefits</i> , for whom <i>(Included only when the Insured Person pays any portion of the premium)</i> [an enrollment form has been accepted by the Company] and required premium has been paid when due and for whom coverage under this Policy remains in force. [May include Insured Spouse and/or Insured Dependent covered under this Policy.]]
[Medically Necessary	means medical services that: (1) are essential for diagnosis, treatment or care of the Injury or Accident [or Emergency Sickness] for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) are ordered by a Physician and performed under his or her care, supervision or order.]
[Member	for eligibility purposes, a Member is any one of the following: [1. an Employee of the Subscriber, [not including a temporary or seasonal Employee];] [2. an Employee of a [Member in good standing of a Subscriber[, not including a temporary or seasonal employee];] [3. a person who meets all of the conditions of membership of a Subscriber]; [and who is [Optional, a United States citizen or has a permanent alien registration card and who is] in one of the Covered Classes.]]
[Military Air Transport	means an aircraft having a current and valid Airworthiness Certificate; piloted by a person who has a current and valid medical certificate and pilot certificate with appropriate ratings for the aircraft; and operated by the United States of America, or by the similar air transport service of any duly constituted governmental authority of any recognized country."
[Nurse	a licensed graduate registered nurse (R.N.) or a licensed practical nurse (L.P.N.) who is not: 1. [the Insured Person]; 2. an Immediate Family Member of either the [Insured Person] or [the Insured Person's] spouse; 3. a person living in the [Insured Person's] household; or [4. a person employed or retained by [the Policyholder; Subscriber].]
[Outpatient	an [Insured Person] who is a patient and is not hospitalized overnight but who visits a hospital, clinic, or associated facility for diagnosis or treatment.]
[Paralysis/Paralyzed	means [Quadriplegia], [Paraplegia], [Hemiplegia] or [Uniplegia] that is expected to last for a continuous period of [6, 12, 18, 24, 30, 36] months or more from the earlier of the date of the accident causing Paralysis or the date of the diagnosis. ["Quadriplegia" means the complete and irreversible Paralysis of both upper and lower limbs.] ["Paraplegia" means the complete and irreversible Paralysis of both lower limbs or both upper limbs.] ["Hemiplegia" means the complete and irreversible Paralysis of the upper and lower limbs of the same side of the body.] ["Uniplegia" means the complete and irreversible paralysis of one limb. "Limb" means entire arm or entire leg.]]]
[Personal Deviation	an activity which: 1. is neither reasonably related to or incidental to the purpose of travel for which coverage is provided by this Policy; and 2. [the Insured Person] performs before, during or after covered travel.

When coverage is provided during a Personal Deviation, the time period covered is shown in the *Conditions of Coverage* section of the *Schedule of Benefits*.]

[A Personal Deviation does not include extension of a business trip authorized in advance by [the Employer] as necessary to reduce transportation costs.]]

[Physician] a [United States-]licensed health care provider practicing [in the United States] within the scope of his license and rendering care and treatment to the [Insured Person] that is appropriate for the condition and locality, and who is not:

1. the [Insured Person];
2. an Immediate Family Member of either the [Insured Person] or [the Insured Person's] spouse;
3. a person living in the [Insured Person's] household;
4. a person employed or retained by [the Policyholder; Subscriber]; or
5. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.]]]

[Policyholder] the entity, named on this Policy's face page, to which the Company issues this Policy.]

[Policyholder Aircraft] means any aircraft with a current and valid Airworthiness Certificate and owned, leased or operated by the [Policyholder; Employer] [Subscriber.]

[Policy Term [Plan]] means the time period defined for the [Policyholder; Employer] [Subscriber] shown in the *Schedule of Benefits*.

[Primary Insured Person] means an Eligible Person, as defined in the *Schedule of Benefits*, for whom *(Included only when the Insured Person pays any portion of the premium)* [an enrollment form has been accepted by the Company] and required premium has been paid when due and for whom coverage under this Policy remains in force.]

[Prior Plan] means the Group Insurance carried by the [the Policyholder; Employer, Subscriber];]on the day before the Policy Effective Date.]

[Private Passenger Automobile] a validly registered, four wheel private passenger car, including [Employer, Subscribing Organization, Policyholder]-owned cars, campers, motor homes, station wagons, sport utility vehicles, pick-up trucks and van-type cars that are not licensed commercially or being used for commercial purposes. Any vehicle being used as a taxicab, bus, or other public conveyance will not be considered a Private Passenger Automobile.]

[Related Stays] Successive stays in a Hospital unless:

1. any stay after the first is necessitated by causes entirely unrelated to the causes of the earlier stay; or
2. the stays are separated by at least [10-180]

[Sickness] a physical or mental illness [optional, including pregnancy].]

[Scheduled [Airlines] [Aircraft]] means any carrier holding a certificate, license or similar authorization for civilian scheduled air transport issued by the country of the aircraft's registry, and which in accordance with that authorization flies, maintains and publishes schedules and tariffs for regular passenger service between named cities at regular and specified times, but only if the aircraft is then used for any regular or chartered flight operated by such carrier.]

[Sojourn and Personal Deviation,

Sojourn or Personal Deviation]	means non-business travel or activities undertaken while on the business of the [Policyholder, Employer; Subscriber];] but unrelated to furthering the business of the [Policyholder, Employer; Subscriber] which:
[Schedule	means the Schedule of Benefits section of the Policy.]
[Short-Term Activity	a [Covered Activity] [Covered Hazard] that does not recur, which is shown in the Schedule of Benefits, and: <ol style="list-style-type: none"> 1. takes place under one of the Conditions of Coverage specified in the <i>Schedule of Benefits</i>; and 2. is sponsored, organized, scheduled or otherwise provided by [the Policyholder, Employer, Subscriber].
[Spouse	means the [Insured Person's] lawful spouse [who is age [18 years and under Age 70],] [who is a United States citizen or has a permanent Alien Registration Card.] [Except for purposes of determining initial eligibility, the term includes a Spouse who is widowed by [or divorced or legally separated from] the [Insured Person].] [The term Spouse will include [Eligible Domestic Partner.]]]
[Subscriber	any participating [organization, law enforcement agency etc.] [that is affiliated with the Policyholder] and subscribes to the insurance plan provided by this Policy.]
[Terrorist Act	any premeditated politically or religiously motivated hostile or violent act against noncombatants committed by persons not acting on behalf of a sovereign state, or clandestine state agents.]
[Trip	means a trip taken by an [Insured Person] which begins when the Insured leaves his or her residence or [place of regular employment for the purpose of going on the trip] (whichever occurs last), and is deemed to end when the Insured returns from the trip to his or her residence or place of regular employment (whichever occurs first). [However, the trip is deemed to exclude any period of time during which the [Insured Person] is on an authorized leave of absence or vacation or travel to and from the [Insured Person's] place of regular employment.]
[Total Disability or Totally Disabled	means [either]: <ol style="list-style-type: none"> 1. inability of the [Insured Person] who is currently employed to do any type of work for which he is or may become qualified by reason of education, training or experience; [or] 2. inability of the [Insured Person] who is not currently employed to perform [1 to 6] of the 6] [all] of the] Activities of Daily Living including Eating, Transferring, Dressing, Toileting, Bathing, and Continence, without human supervision or assistance.]
We, Us, Our	means AXIS Insurance Company.
[While on the Business of the Policyholder	means while on assignment by or at the direction of the Policyholder for the purpose of furthering the business of the Policyholder, but does not include any period of time: (1) while the [Insured Person] is working at his or her regular place of employment; (2) during the course of everyday travel to and from work; or (3) during an authorized leave of absence or vacation.]
[While On-Premise of the Policyholder	means while and in consequence of performing any assigned occupational duties for which compensation is received at the [Insured Person's] regular place of employment with the Policyholder or elsewhere directly in or on the premises of the [Policyholder], but does not include during the course of everyday travel to and from work.]
You, Your	the person to whom the certificate is issued.

ELIGIBILITY, EFFECTIVE DATE, AND TERMINATION PROVISIONS

[Policy Effective Date

The Insurance Company agrees to provide Accident Insurance Benefits described in this Policy in consideration of the Policyholder's application and payment of the initial premium when due. Insurance coverage begins on the Policy Effective Date shown on this Policy's first page [as long as the Minimum Participation requirement shown in the *Schedule of Benefits* has been satisfied].]

[Subscriber Effective Date

The Insurance Company agrees to provide Accident Insurance Benefits become effective for each Subscriber in consideration of the Subscriber's application, Subscription Agreement and payment of the initial premium when due. Insurance coverage for the Subscriber becomes effective on the Effective date of Subscriber Participation [as long as the Minimum Participation Requirement shown in the *Schedule of Benefits* has been satisfied].]

Eligibility

[An Employee, Member] becomes eligible for insurance under this Policy on the date he meets all of the requirements of one of the Covered Classes and completes any Eligibility Waiting Period, as shown in the *Schedule of Benefits* [and is insured under the Core Plan]. [A Spouse and Dependent Children of an eligible [Employee, Member] become eligible for any dependent insurance provided by this Policy on the later of the date [the Employee, Member] becomes eligible and the date the Spouse or Dependent Child meets the applicable definition shown in the *General Definitions* section of this Policy.] [No person may be eligible for insurance under this Policy as both [an Employee, a Member] and a Spouse or Dependent Child at the same time.]

Included for a policy for which Employees or Members are not required to contribute to the cost of coverage or coverage is mandatory:

[Effective Date for Individuals

Insurance becomes effective for an eligible [Employee, Member] [who applies within [31 days] of the date he becomes eligible [and, subject to the Deferred Effective Date provision below,] on the latest of the following dates:

1. the effective date of [the Subscriber's participation under] this Policy;
2. [the date] [the Employee, Member] becomes eligible;
3. [the date] the Company receives [the Employee's, Member's] completed enrollment form during his lifetime.]

[Optional: The Company may, from time to time, require [the Employee, Member] to re-enroll using forms supplied by the Company to keep his insurance in force.]]

Included for a policy (a) that provides dependent coverage and (b) for which [Employees, Members] are not required to contribute to the cost of coverage for their dependents or coverage is mandatory:

[Insurance becomes effective for [an Employee's, Member's] eligible dependents [if the [Employee, Member] applies within [31 days] of the date his dependents become eligible] [and, subject to the Deferred Effective Date provision below,] on the latest of the following dates:

1. the effective date of [the Subscriber's participation under] this Policy;
2. [the date] [the Employee, Member] becomes eligible;]
3. [the date] [the Employee's, Member's] insurance becomes effective;]
4. [the date] the dependent meets the definition of Spouse or Dependent Child, as applicable;]
5. [the date] the Company receives [the Employee's, Member's] completed enrollment form for Spouse and Dependent Child coverage, during each dependent's lifetime.]

Include for a policy for which [Employees, Members] are required to contribute to the cost of coverage:

Insurance becomes effective for [an eligible Employee, Member] who applies and agrees to make required contributions within [31 days] of eligibility] [, and subject to the Deferred Effective Date provision below,] on the latest of the following dates:

1. the effective date of [the Subscriber's participation under] this Policy;
2. [the date] [the Employee, Member] becomes eligible;
3. [the date] the Company receives [the Employee's, Member's] completed enrollment form and the required first premium, during his lifetime.]

Include for a policy (a) that provides Spouse and/or Dependent Child coverage and (b) for which [Employees, Members] are required to contribute to the cost of coverage for their Spouse and/or Dependent Child.

[Insurance becomes effective for [an Employee's, Member's] eligible dependents [if the [Employee, Member] applies and agrees to make required contributions within [31 days] of the date his dependents become eligible [and, subject to the Deferred Effective Date provision below], on the latest of the following dates:

1. the effective date of [the Subscriber's participation under] this Policy;
2. [the date] [the Employee, Member] becomes eligible;]
3. [the date] [the Employee's, Member's] insurance becomes effective;]
- 4.] [the date] the dependent meets the definition of Spouse or Dependent Child, as applicable;
- 5.] [the date] the Company receives a completed enrollment form for Spouse and Dependent Child coverage and the required first premium, during each dependent's lifetime.]

Insurance becomes effective for a newborn Dependent Child automatically from the moment of the child's live birth. Insurance for that Dependent Child automatically ends [31 days] later unless [the Employee, Member] has [a Spouse or other Dependent Children] insured under this Policy or makes a request to cover the child and pays the required initial premium, during the child's lifetime.]

[DEFERRED EFFECTIVE DATE

[Active Service

The effective date of insurance will be deferred for any [Employee, Member] [or any eligible Spouse or Dependent Child] who is not in Active Service on the date coverage would otherwise become effective. Coverage will become effective on the later of the date he returns to Active Service and the date coverage would otherwise have become effective.]

Optional; i.e., included when evidence of insurability may be required for late entrants:

[Late Enrollment

If application for insurance is not made within [30-90 days] of the date a person is first eligible for coverage [or a Life Status Change] [or during an Annual Re-Enrollment], [the applicant] will be considered a late enrollee. Coverage for any late enrollee will become effective on the later of the date the Company approves the enrollment form and receive required premium and the date coverage would otherwise have become effective.[first of the month following the Company's approval]]

[Replacement Coverage

[An Employee, Member] [and any Spouse and Dependent Children] who is insured under a Prior Plan and who is a member of the class of individuals eligible for coverage under this Policy on the effective date of [the Subscriber's participation under] this Policy will be insured on that date for the lesser of:

1. the amount of coverage in effect under the Prior Plan on the date it terminated; and
2. the amount of coverage provided under this Policy.

If the amount of coverage otherwise provided by this Policy is greater than the amount provided under the Prior Plan, the greater amount will become effective on the [first day of the month on or after, or first day of the Policy[Calendar] year on or after or date] [the Employee, Member], [Spouse or Dependent Child] returns to Active Service.]

Include this paragraph if contributions are required toward the cost of coverage:

[If [an Employee, Member] is required to contribute to the cost of any portion of his [or his dependents'] insurance and is not in Active Service on the effective date of [the Subscriber's participation under] this Policy, coverage will terminate [31 days] after [the Employee, Member] returns to Active Service unless he submits an enrollment form and the required initial premium. If [the Employee, Member] selects the amount of benefit for which he is required to pay premium for himself [or any dependents], the amount in effect under this provision will be the lesser of the amount provided under the Prior Plan and the smallest amount he may select under this Policy.]

[Annual Re-Enrollment

[An Employee, Member] currently insured under [the voluntary Accident portion of] this Policy, and a person who is eligible but has not previously enrolled, may increase or become insured for coverage under this Policy during an annual re-enrollment period as agreed to by the Company and [the Policyholder, Subscriber]. [An Employee, Member] who is insured under this Policy may also elect or increase coverage for his eligible dependents.]

Coverage elected during an Annual Re-Enrollment Period will become effective[, subject to the *Active Service* section of the *Deferred Effective Date* provision,] on [the Policy Anniversary following, or first day of the month following the] date the Company receives a request and any required premium payment.]

[Life Status Change

A Life Status Change an event that the Employer determines qualifies [an Employee, Member] to [elect,] or increase accident insurance benefits [for himself and his Spouse and Dependent Children]. [Any change in benefit elections must be made within [31 days] of a Life Status Change.]

Include specific life status changes only upon Policyholder request:

[Life Status Changes that qualify [an Employee, Member] to [elect or] increase his accident insurance include:

- [1. marriage];
- [2. loss of a spouse, whether by death, divorce, annulment or legal separation];
- [3. birth or adoption of a child, or acquiring a child through marriage]; and
- [4. an increase in cost or a significant reduction or loss of group accident benefits provided by a Spouse's Plan].]

[Life Status Changes that qualify [an Employee, Member] to [elect or] increase accident insurance for his Spouse and eligible Dependent Children include:

- [1. marriage];
- [2. birth or adoption of a child, or acquiring a child through marriage]; and
- [3. a significant reduction, increase in cost or loss of group accident benefits provided by a Spouse's Plan].]

Any increases in benefits or added benefits elected under this Life Status Change provision will become effective on the [[first of the month following the] Life Status Change [or the [first day of the month following the] date the [Employee, Member] applies and agrees to make required contributions]].

Include when policy is issued to an employer/employee group:

[[The Policyholder, Subscriber] should seek advice of its tax advisors if Employees may contribute to the cost of any insurance provided by this Policy with earnings not subject to Federal Income Tax. The Company cannot provide such advice nor offer any opinions on taxation or tax status of any contributions toward cost of insurance.]]

Effective Date of Changes

Any increase or decrease in the amount of insurance for [the Covered Person] resulting from:

1. a change in benefits provided by this Policy; or
2. a change in [the Employee's, Member's] Covered Class will take effect on the date of such change.

Increases will take effect subject to any Active Service requirement.

DATE [EMPLOYEE] INSURANCE ENDS

Insured's Termination Date. An Insured's coverage under the Policy will end on the earliest of the following dates:

1. the premium due date, if premiums are not paid when due (subject to the grace period);
2. [at the end of the month following] the date the Insured ceases to be a member of an Eligible Class;
3. the date the Policy terminates[; or]
4. the date of the Insured's [60 to 100 birthday][; or]
5. the date the Insured notifies the Company in writing to discontinue his or her coverage[; or]
6. the date your employer ceases to be a Participating Employer.]

Termination of coverage will not affect a claim for a [Covered Loss] that occurs either before or after such termination if that loss results from an accident that occurred while the Insured's coverage was in force under the Policy.

[Insured Dependent's Termination Date. An Insured Dependent's coverage under the Policy ends on the earliest of the following dates:

1. [at the end of the month following] the date the Insured's coverage under the Policy ends;
2. [at the end of the month following] the date the person ceases to qualify as an Insured Dependent;
3. the premium due date, if premiums are not paid when due (subject to the grace period);
4. [at the end of the month following] the date the Insured is no longer eligible for dependent coverage;
5. the date dependent coverage is no longer provided by the Policy;
6. the date the Insured notifies the Company in writing to discontinue his or her dependent coverage;
7. the date the coverage terminates; or
8. the date the Policy terminates.]

[Reinstatement of Insurance. If insurance ends because the Insured ceases to be eligible for coverage as defined in this Certificate, coverage may be reinstated and no additional waiting period will apply if, within six months after the date the insurance ends, the Insured becomes a member of an Eligible Class.]

[Exceptions to Termination of Insurance. If the Insured terminates Active Service and if premium payments for his or her coverage are made when due, he or she may be considered to be in Active Service, subject to the conditions set forth below.

- [1.]If the Insured terminates Active Service due to temporary lay off or leave of absence, coverage may be continued until the earliest of the following dates:
 - a. the date the Policyholder ceases to pay the Insured's premiums, or otherwise terminates the insurance; or
 - b. [three months from] the date the Insured ceases to be in Active Service; or
 - c. the date the Policy terminates.
- [2. If the Insured terminates Active Service due to Injury or Sickness, coverage under the Policy may be continued in accordance with the Continuation of Insurance provision.]] However, if the insured is not eligible for continuance under the Continuation of Insurance Provision and is no longer in Active Service due to Injury or Sickness, then the longest they can be covered is for [12] months unless age [65] or older.
- [3. If the [Insured Person] terminates Active Service due to retirement, coverage under the Policy may be continued provided:
 - a. the [Policyholder] [Participating Employer] has elected retiree coverage; and
 - b. the [Insured Person] meets the [Policyholder's] [Participating Employer's] definition of retired.]]

Optional and variable, depending on type of group.

[Continuation of Insurance. Insurance for the Insured Spouse [and Dependent Children] may be continued if an Insured Spouse's [and Dependent Children's] insurance would otherwise end because of death of or divorce from [the covered Employee, Member]. The Insured Spouse must:

1. submit a written request for continued insurance to the Company within [variable; e.g., 31, 60, 90 days] of the event; and
2. pay the required premium [variable; e.g., to the Policyholder/Subscriber, directly to the Company.]

[Insurance continued under this provision may not exceed the amount of insurance in force on the day before insurance as a covered Spouse ended, nor may a Spouse add any dependents for insurance.]

Premiums for insurance continued under this provision will start with the Premium Due Date on or next following the date of the event. If a Spouse does not elect to continue insurance under this provision or does not provide notification within the required time period, insurance will not be continued and any premium paid from the date of the event will be refunded. [However, if notification is not given to the Company within the time period required in (1.) above, any return of premium will be limited to any excess paid in the last [variable; e.g., 6, 12 months]]

Any Continuation of Insurance is subject to the Company continuing to offer insurance under this Policy to new applicants.]

Optional and variable, depending on type of group:

[Continuation of Insurance. The Company will continue insurance under this Policy for a Spouse [and Dependent Children] of a covered [Employee, Member] who dies, without payment of premium for [12 to 60 months [or to age [60-85]. The Spouse [and Dependent Children]: (a) must have been insured under this Policy on the date [the Insured Employee, Member] died; and (b) must continue to meet all other requirements for eligibility. Coverage continued under this provision will terminate on the earlier of the end of [the 12th month] and the date the Spouse [or any Dependent Child] ceases to meet all other requirements for eligibility.

Optional for employer groups:

[Continuation for [Layoff, Leave of Absence or Family Medical Leave]. Insurance for an Employee [and Insured Dependents] may be continued until the earliest of the following dates if: (a) an [Insured Person][Employee] is on a temporary [layoff, an Employer-approved leave of absence or an Employer-approved family medical leave]; and (b) required premium contributions are paid when due.

1. [for a layoff, [[six months] after] the end of the month in which the layoff begins;]
2. [for an Employer-approved leave of absence: [[six months after] the end of the month after the month in which the leave begins;]
3. [for an Employer-approved family medical leave [12-52] weeks in a consecutive 12-month period.]]

[Such continuation will [run concurrently with, precede] a continuation during any other leave.]]

[Continuation for Military Service. If [an Employee] begins a leave of absence to serve in the armed forces, insurance for [the Insured Person][Employee] [and his Insured Dependents] will continue until the earliest of the following dates, if the required premium is paid:

1. 18 months;
2. the day [the Employee] fails to return to work as outlined in the Uniformed Services Employment and Reemployment Rights Act of 1994.

All of the following will apply when coverage is continued under this provision:

1. [any change in benefits that occurs during the period of continuation will apply on the effective date of the change;]
2. [any Active Service requirement will be waived;]
3. [The Insured Person][Employee] will be given credit for the time he was covered under this Policy prior to the leave.

If [an Employee] does not continue coverage for himself [and his Insured Dependents] during such leave and returns to work:

1. [the Employee] [and his Dependents] will be covered on the date [the [Insured Person][Employee] returns to work from the leave. [The Employee] must return to work as outlined in the Uniformed Services Employment and Reemployment Rights Act of 1994;
2. any portion of an eligibility waiting period that has not been completed will not be credited during [the Employee's] leave.]]

[Continuation of Coverage. If an [Insured Person] [Insured Dependent Child] or [Insured Spouse] ceases to be a member of an Eligible Class for any reason [other than retirement], the [Insured Person] Insured Dependent Child] or [Insured Spouse] may elect to continue his or her [Basic] [and] [Supplemental] [Accident][Accidental Death] [and Dismemberment] Insurance under this Policy provided he or she has not attained age [60-80]. [The [Insured Person] may also elect to continue Dependent Insurance on his or her Dependent [Spouse] provided the Dependent [Spouse] has not attained age [70].] The [Insured Person] must: (a) make such election within 31 days of termination of eligibility; and (b) agree to pay the entire premium for such continued coverage.

Continued coverage will be subject to all of the provisions and limitations of this Policy, including reductions for age or termination at an age. [However, in no event shall coverage continue beyond age [60 to 90].] [Renewal rates for coverage continued under this provision will be based on the continuing person's age [and sex] at the time of renewal.] Coverage continued under this provision will [survive termination of this Policy but will end at the expiration of the last period through which premiums have been paid] [end when this Policy terminates but will continue through the last period for which premiums have been paid]. Premiums for continued coverage will be billed directly to the terminated individual on a quarterly, semi-annual or annual basis, as elected by the [Insured Person].]

[Portability Provision. [In lieu of the Conversion Privilege stated under the Conversion Privilege Section of this Policy]. If the [Insured Person] ceases to be a member of an Eligible Class for any reason [other than retirement],[and is not disabled] the [Insured Person] may elect to convert his/her [Basic] [and] [Supplemental] Insurance to another Group Policy offered by the Company [or an affiliate of the Company] provided you have not attained age [60-75]. [You may also elect to continue Dependent Insurance on your Dependent [Spouse] provided the Dependent [Spouse] has not attained age [60 to 80]. You must: (a) make such election within 31 days of termination of eligibility, and (b) agree to pay the entire premium for such coverage.

This coverage will be subject to all of the provisions and limitations of the Portability Policy, including reductions for age or termination at age [65-85]. Premium rates for coverage under the Portability Policy will be based on the [Insured Person]'s age, [sex] at the time of election of this option and at renewal. Coverage provided under this provision will [survive termination of the Portability Policy but will end at the expiration of the last period through which premiums have been paid] [end when the Portability Policy terminates but will continue through the last period for which premiums have been paid.] Premiums for this coverage will be billed directly to the [Insured Person] on a quarterly, semi-annual or annual basis, as elected by the [Insured Person].

[The Portability Policy will contain a right to convert the [Insured Person's] coverage to an individual policy offered by the Company [or an affiliate of the Company].]

CONVERSION PRIVILEGE

[1.] If [Insured Person's] Insured Dependent Child] or [Insured Spouse] insurance or any portion of it ends for a reason other than non-payment of premium, [the Insured Person's] Insured Dependent Child] or [Insured Spouse] Age or those reasons described in Paragraph 2 below, [the Insured Person] [Insured Dependent Child] or [Insured Spouse] may have the Company issue converted accident insurance on an individual policy or an individual certificate under a designated group policy. [The Insured Person][Insured Dependent Child] or [Insured Spouse] may not apply for an amount greater than his coverage under this Group Policy [less the amount of any other group accident insurance for which he becomes eligible within [31 days] after the date coverage under this Group Policy terminated.] The policy or certificate will not contain disability or other additional benefits. [The Insured Person][Insured Dependent Child] or [Insured Spouse] need not show the Company that he is insurable.

[The Insured Person][Insured Dependent Child] or [Insured Spouse] must apply for the individual policy within [31 days] after his coverage under this Group Policy ends and pay the required premium, based on the Company's table of rates for such policies, his Age and class of risk.

[The individual policy or certificate will take effect on the day following the date coverage under the Group Policy ended. If [the Insured Person] [Insured Dependent Child] or [Insured Spouse] dies during this [31-day] period as the result of an accident that would have been covered under this Group Policy, The Company will pay as a claim under this Group Policy the amount of insurance that [the Insured Person] [Insured Dependent Child] or [Insured Spouse] was entitled to convert. It does not matter whether the [Insured Person] Insured Dependent Child] or [Insured Spouse] applied for the individual policy or certificate. If such policy or certificate is issued, it will be in exchange for any other benefits under this Group Policy.]

- [2. If [the Insured Person's] Insured Dependent Child] or [Insured Spouse] insurance ends because this Group Policy is terminated or is amended to terminate insurance for [the Insured Person's] Insured Dependent Child] or [Insured Spouse] [Insured Dependent Child] or [Insured Spouse] class, and he has been covered under this Group Policy for at least [five years], [the Insured Person][Insured Dependent Child] or [Insured Spouse] may have the Company issue an individual policy or certificate of accident insurance subject to the same terms, conditions and limitations listed above. However, the amount he may apply for will be limited to the lesser of the following:
- a. coverage under this Group Policy less any amount of group accident insurance for which he is eligible on the date this Group Policy is terminated or for which he became eligible within [31 days] of such termination, or
 - b. [\$10,000]

COMMON EXCLUSIONS

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the **[Benefits Section]** [or Covered Conditions]:

Each of the following Exclusions will be included or deleted as agreed upon between the Company and the Policyholder/Subscriber and numbers will be adjusted accordingly.

- [1. Intentionally self-inflicted injury, suicide [auto-eroticism] or any attempt while sane or insane];
- [2. Commission or attempt to commit a felony or an assault];
- [3. Commission of or active participation in a riot or insurrection];
- [4. Declared or undeclared war or act of war] [or any act of declared or undeclared war unless specifically provided by this Policy];
- [5. Release, [whether or not accidental, or by any person unlawfully or intentionally], of nuclear energy or radiation, including sickness or disease resulting from such release];
- [6. A [Covered Loss] [or Emergency Sickness] that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon the Company's receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days];
- [7. Travel [or activity] outside the [contiguous] United States[, Alaska, Hawaii, Canada or Mexico]];
- [8. Flight in, boarding or alighting from an Aircraft [Optional, i.e.: or any craft designed to fly above the Earth's surface], except as:
 - [a. a fare-paying passenger on a regularly scheduled commercial [or charter] airline];
 - [b. a passenger in a non-scheduled, private Aircraft used for pleasure purposes with no commercial intent during the flight];
 - [c. a passenger in a Military Aircraft flown by the air mobility Command or its foreign equivalent]];or
- [8. Flight in, boarding or alighting from, an Aircraft [or any craft designed to fly above the Earth's surface]:
 - [a. except as a fare-paying passenger on a regularly scheduled commercial airline];
 - [b. being flown by [the Insured Person] or in which [the Insured Person] is a member of the crew];
 - [c. being used for:
 - [i. [Variable, e.g.: crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying]]]; or
 - [ii. any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on)];
 - [d. designed for flight above or beyond the earth's atmosphere];
 - [e. including an ultra-light or glider];
 - [f. being used for the purpose of parachuting or skydiving];
 - [g. being used by any military authority, except an Aircraft used by the air mobility command or its foreign equivalent]];
- [9. Travel in any Aircraft owned, leased or controlled by [the Policyholder, Subscriber], or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by [the Policyholder, Subscriber] if the Aircraft may be used as [the Policyholder, Subscriber] wishes for more than [10] straight days, or more than [15] days in any year];
- [10. [Variable, e.g.: bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding]];
- [11. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, [including exposure, whether or not accidental, to viral, bacterial or chemical agents] [whether the loss results directly or non directly from the treatment] except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food];
- [12. [Medical or] [surgical treatment,] [diagnostic procedure,] [administration of anesthesia,] [or] [medical mishap or negligence], [including malpractice] [unless it occurs during treatment of injuries sustained in a [Covered Injury]]];
- [13. A cardiovascular, event or stroke resulting, directly and independently of all other causes, from exertion, as verified by a Physician, while [the Insured Person] participates in a [Covered Activity] [Covered Hazard]];
- [14. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage];
- [15. [The Insured Person's] intoxication.] [[The Insured Person] is conclusively deemed to be intoxicated if the level in his blood exceeds the amount at which a person is presumed, under the law of the locale in which

the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether he is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officers report, or similar items will be considered proof of the [Insured Person's] intoxication];

- [16. Operating any type of vehicle [or conveyance] while under the influence of alcohol or any drug, narcotic or other intoxicant [including any prescribed drug for which [the Insured Person] has been provided a written warning against operating a vehicle [or conveyance] while taking it.] [Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the motor vehicle laws of the state in which the [Covered Loss] occurred].]
- [17. Travel in or on any [on-road and off-road] motorized vehicle [except a [golf cart or other vehicle the Company specifically agrees to cover],] that does not require licensing as a motor vehicle];
- [18. Participation in any motorized race or contest of speed];
- [19. An accident if [the Insured Person] is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) [the Insured Person] holds a valid learners permit and (b) [the Insured Person] is receiving instruction from a driver's education instructor];
- [20. Injuries compensable under Workers' Compensation law or any similar law];
- [21. Occupational injuries for which benefits are not paid under the Workers' Compensation Law or any similar law];
- [22. Injuries that result from a non-occupational accident];
- [23. Aggravation, during a [Covered Activity] [Covered Hazard], of an injury [the Insured Person] suffered before participating in that [Covered Activity] [Covered Hazard], unless the Company receives a written medical release from [the Insured Person's] Physician];
- [24. Participation in any team sport or any other athletic activity, except participation in a [Covered Activity] [Covered Hazard].]

[In addition, benefits will not be paid for services or treatment rendered by any person who is:

- 1. employed or retained by [the Policyholder, Subscriber];
- 2. living in [the Insured Person's] household;
- 3. an Immediate Family Member [including Eligible Domestic Partner] of either [the Insured Person] or [the Insured Person's] spouse;
- 4. [the Insured Person]].

CLAIM PROVISIONS

Beneficiary

[The beneficiary, unless [the Insured Person] specifies otherwise as provided below, will be the person he has named as beneficiary of any group insurance, or if none is in force, of any group accident insurance, provided by [the Policyholder, Subscriber].]

The beneficiary is the person or persons [the Insured Person] names or changes on a form executed by him and satisfactory to the Company. This form may be in writing or by any electronic means agreed upon between the Company and [the Policyholder, Subscriber]. Consent of the beneficiary is not required to affect any changes, unless the beneficiary has been designated as an irrevocable beneficiary [, or to make any assignment of rights or benefits permitted by this Policy].

A beneficiary designation or change will become effective on the date [the Insured Person] executes it. However, the Company will not be liable for any action taken or payment made before the Company records notice of the change at our Home Office.

If more than one person is named as beneficiary, the interests of each will be equal unless [the Insured Person] has specified otherwise. The share of any beneficiary who does not survive [the Insured Person] will pass equally to any surviving beneficiaries unless otherwise specified.

If there is no named beneficiary or surviving beneficiary or if [the Insured Person] dies while benefits are payable to him, the Company may make direct payment to [the first surviving class of the following classes of persons:

1. Spouse;
 2. Child or Children;
 3. parents;
 4. siblings;
 5. estate of [the Insured Person].]
- or
5. [the estate of [the Insured Person].]

Claim Forms

The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within [15] days after the Company received notice of claim, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in the Policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the [Insured Person's] name, the [Policyholder's] name and the Policy number. [Any forms that may be required to be provided under this subsection may be provided in electronic or paper form.]

Economic Sanctions Provision

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit the Company from providing insurance, including, but not limited to, the payment of claims.

Notice of Claim

Written notice of claim must be given to the Company within [20-90] days after the occurrence or commencement of the [Insured Person's] [Covered Loss], [Emergency Sickness] or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company at [100 Overlook Center, 2nd Floor, Princeton, NJ 08540], with information sufficient to identify the [Insured Person], is deemed notice to the Company. [Any notices that may be required to be provided under this subsection may be provided in electronic or paper form.]

Payment of Claims

[All benefits will be paid in United States Currency.] Upon receipt of due written proof of death, payment for loss of life of an [Insured Person] will be made to the [Insured Person's] beneficiary as described in the Beneficiary Provision and these Claims Provisions.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the [Insured Person] suffering the loss. If an [Insured Person] dies before all payments due have been made, the amount still payable will be paid to his beneficiary as described in the Beneficiary Provision.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to [a parent, guardian, or other person actually supporting him] [the legal guardian of the payee's property]. If the payee has no legal guardian for his property, a payment not exceeding [\$1,000-5,000] may be made, at the Company's option, to any relative by blood or connection by marriage of the payee, who, in the Company's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment the Company makes in good faith fully discharges liability to the extent of the payment made, unless before payment is made, the Company has received, at its home office, written notice by or on behalf of another person that the other person claims to be entitled to the payment or some interest in the Policy.

Time of Payment of Claims

Benefits payable under the Policy for any loss [other than loss for which the Policy provides any periodic payment] will be paid immediately upon receipt of due written proof of the loss. [Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which the Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.]

[Claimant Cooperation Provision]

Failure of a claimant to cooperate with the Company in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.]

[Payment of Claims to Foreign Employees]

[The Policyholder, Subscriber] may, in a fiduciary capacity, receive and hold any benefits payable to a Covered [Insured Person] whose place of employment is other than:

- 1) The United States of America
- 2) Puerto Rico; [or]
- 3) The Dominion of Canada]

[The Company will not be responsible for the application or disposition by [the Policyholder, Subscriber] of any such benefits paid. The Company's payments to [the Policyholder, Subscriber] will constitute a full discharge of the Company's liability for those payments under this Policy.]

[Conditional Claim Payment]

If [the Insured Person] incurs expenses for Injuries received in a [Covered Loss] and in the Company's opinion a third party may be liable, the Company will pay benefits if:

[the Insured Person] first agrees in writing to refund the lesser of:

- i) the amount the Company actually paid for such expenses; and
- ii) the amount actually received from the third party regardless of whether the amount is for such expenses; and the third party's liability is determined and satisfied whether by settlement, judgment, arbitration or otherwise. However, if the third party's liability is satisfied in an amount less than the benefits paid under this Policy, the Company will pay the difference.]

Legal Actions

No action at law or in equity will be brought to recover benefits under this Policy less than [60 to 1095] days after satisfactory proof of loss has been furnished as required by this

Policy. No such action will be brought after expiry of the applicable statute of limitations from the time proof of loss is required to be furnished under this Policy.

**Physical Examination
[And Autopsy]**

The Company, at its own expense, has the right and opportunity to examine the [Insured Person] when and as often as the Company may reasonably require while a claim is pending [and to make an autopsy in case of death, where it is not prohibited by law].

Proof of Loss

Written proof of loss must be furnished to the Company within [90 to 180] days after the date of the [Covered Loss] [or Emergency Sickness]. [In the case of a claim for loss of time for disability, written proof of such loss must be furnished to the Company within [90-180] days after the commencement of the period for which the Company is liable. If the loss is one for which the Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as may reasonably be required.] Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to furnish proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required. [Any forms that may be required to be provided under this subsection may be provided in electronic or paper form.]

[ERISA Claims]

The Policyholder agrees that the Policy constitutes the plan and plan document under the Employee Retirement Security Act of 1974 as amended (ERISA). The Policyholder designates the Company, or a person or persons which the Company designates, as the claims fiduciary of this plan and gives the Company, or its designee, the discretionary authority to determine eligibility for benefits and to construe the terms of the plan. The Policyholder agrees to comply with the disclosure and reporting requirements of ERISA regarding the plan and the Company's designation and authority as claims fiduciary.]

[Subrogation]

The Company has the right to recover all payments including future payments, which the Company has made, or will be obligated to pay in the future, to the [Insured Person] from anyone liable for the [Covered Loss]. If the [Insured Person] recovers from anyone liable for the [Covered Loss], the Company will be reimbursed first from such recovery to the extent of the Company's payments to the [Insured Person]. [The Insured Person] agrees to assist the Company in preserving its rights against those responsible for such loss, including but not limited to, signing subrogation forms supplied by the Company.]]

[Arbitration]

Any contest to a claim denial under this Policy will be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction. The arbitration will occur at the offices of the American Arbitration Association nearest to the [Insured Person] or person claiming to be the beneficiary. The arbitrators(s) will not award consequential or punitive damages in any arbitration under this section. This provision does not apply if the [Insured Person] or the person claiming to be the beneficiary is a resident of a state where the law does not allow binding arbitration in an insurance policy, but only if this Policy is subject to its laws. In such a case, binding arbitration does not apply. This provision bars the institution of any individual or class action lawsuit brought by the [Insured Person], his legal representatives, or beneficiary.]

[Recovery of Overpayment]

If benefits are overpaid, the Company has the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when [the Insured Person] dies, the Company may recover the overpayment from [the Insured Person's] estate.

ADMINISTRATIVE PROVISIONS

[Cancellation]

(Optional, depending on Policy Term)

The Company or [the Policyholder; Subscriber] may cancel this Policy, [after the first year] [or] [Policy Term], [as of any Premium Due Date] by giving the other party [31; 45; 60 days] advance written [or authorized electronic] notice. Any premium rate guarantee will not affect the Company's or [the Policyholder's; Subscriber's] right to cancel this Policy.

If a premium is not paid when due, the Company will cancel this Policy at the end of the last period for which premium was paid, subject to the Grace Period provision. Premium Due Dates are shown in the *Schedule of Benefits*.

Cancellation does not affect a claim for a [Covered Loss] when the [Covered Loss] occurs before the cancellation date.]

[Grace Period]

(Will be included when coverage is contributory)

A grace period of [31 to 180] days will be provided for the payment of any premium due after the first. During the grace period, the Policy shall continue in force, unless the [Policyholder, Subscriber] has given written notice of discontinuance in advance of the premium due date and in accordance with the terms of this Policy. If the required premium is not paid during the grace period, coverage will terminate on the last day of the grace period. The [Policyholder, Subscriber] will be liable for the payment of a pro rata premium for the time the Policy was in force during the grace period.]

[Premiums]

(Will be included when coverage is contributory)

Premium rates are expressed in, and premiums are payable in, United States currency. The premiums for this Policy will be based on the rates set forth in the *Rate Table*, the plan and amounts of insurance in effect for [Insured Persons] and the premium mode selected, as shown in the *Schedule of Benefits*. [Optional, i.e.: If [Insured Persons'] coverage amounts are reduced due to age, premium will be based on the amounts of coverage in force on the day before the reduction took place.] [The Company will provide notifications of premiums due or premium changes, by mail to the most current address in our files, to the Policyholder [and/or any affected Subscribers]].

[Premium Payment]

(Will be included when coverage is contributory)

[1. Policyholder]

The total premium paid by the Policyholder is the sum of premiums for all [Insured Persons] [Optional, i.e. Included only when contributory coverage is offered: including any amounts contributed toward the cost of the coverage by [Insured Persons]]. The initial premium is due on the Policy Effective Date [and each succeeding premium is due on the next succeeding premium due date, as shown in the *Schedule of Benefits*,] unless the Policyholder and the Company agree to another mode of premium payment. Premiums are paid at the Company's home office or to the Company's authorized agent.

If any premium is not paid when due, this Policy will be cancelled as of the Premium Due Date of the unpaid premium, except as provided in any applicable Grace Period section.]

[2. Subscriber]

The total premium paid by the Policyholder is the sum of premiums for all [Insured Persons] [Optional, i.e. Included only when contributory coverage is offered; including any amount contributed toward the cost of the coverage by [Insured Persons]]. The initial premium is due on the Subscriber's effective date of participation under this Policy [and each succeeding premium is due on the next succeeding Premium Due Date, as shown in the *Schedule of Benefits*]

unless the Policyholder and the Company agree to another mode of premium payment. Premiums are paid at the Company's home office or to the Company's authorized agent.

If any premium is not paid when due, the Subscriber's participation under this Policy will be terminated as of the Premium Due Date of the unpaid premium, except as provided in any applicable Grace Period section.]]

[Premium Rate Changes

[Optional, i.e. Will not be included in non-renewable cases:]

The Company may change premium rates at the end of any Policy Term [or any Premium Rate Guarantee Period] with at least [31 days] advance notice mailed to the last known address of [the Policyholder; Subscriber]. The Company will not increase premium rates more frequently than annually, unless one of the events described below occurs.

The Company may change the premium rate during a Policy Term [or during any applicable Premium Rate Guarantee Period] if any one of the following occurs:

1. the terms of this Policy change;
2. the number of [Insured Persons] [or Eligible Persons for coverage] increases or decreases by more than [10% -25%] since the later of the Policy Effective Date and the date of the last renewal of this Policy;]
3. coverage is reinstated following failure to pay premium during the Grace Period;]
4. an acquisition, merger, consolidation, divestiture, corporate reorganization or purchase or sale of assets affecting, increasing or decreasing by [10%-25%] or more the number of [Eligible Person] [Insured Persons];]
5. a change in [Insured Persons] [or Eligible Persons to be covered] which would, on a manual rate basis, require a change of [10%-100%] or more in the premium rate;]
6. a change in any federal or state law or regulation is enacted, adopted or amended to the extent it affects the Company's benefit obligations under this Policy;]
7. the ratio of incurred claims to earned premiums since [the later of the Policy Effective Date and the last renewal date] exceeds [50%-100%]; [or] [the State permissible loss ratio];]
8. [the Policyholder; Subscriber] fails to provide sufficient information, as required by the Company, to confirm adequacy of premiums and rates currently being paid;] or
9. any [facultative] reinsurance obtained by the Company in connection with underwriting or renewal of the Policy is terminated for any reason, or if its cost increases by [10%-50%] or more, or the Company retention increases by [10%-50%] or more.]

Any increase or decrease in rate will take effect on the date of the applicable change specified above. A pro rata adjustment will apply from the date of the change to the end of any period for which premium has been paid.]

[Premium Audit

The Company will have the right to audit books and records of the [Policyholder, Subscriber] at its place of business and during its regularly-scheduled business hours, in order to determine the accuracy of premiums paid.]

[Refund of Premium

The Company will refund any premium paid for coverage of a specified [Covered Activity] [Covered Hazard] if:

1. that [Covered Activity] [Covered Hazard] is cancelled; and
2. [the Policyholder; Subscriber] notifies the Company in writing at least [7 days] before the [Covered Activity] [Covered Hazard] was scheduled to take place.

No insurance will be in effect for any [Insured Person] while he participates in, travels to, attends or otherwise is involved in the [Covered Activity] [Covered Hazard]. If this Policy was issued to insure only the [Covered Activity] [Covered Hazard] that was cancelled and the Company was notified as required in 2. above, this Policy will be void from its inception.]]

[Reinstatement

This Policy may be reinstated if it lapsed for nonpayment of premium. Requirements for reinstatement are written application of [the Policyholder, Subscriber] satisfactory to the Company and payment of all overdue premiums. Any premium accepted in connection with a reinstatement will be applied to a period for which premium was not previously paid [, but not to any period more than [30-90 days] prior to the date of reinstatement.]]

GENERAL PROVISIONS

Addition of New [Employees /Members]

All [Employees/Members] added to the Classes of Eligible Person's in the *Schedule of Benefits* are eligible for insurance under this Group Policy.

Assignment

(Option 1: Include if no rights and benefits are assignable :)

[The rights and benefits under this Policy may not be assigned and any attempt to assign will be void.]

(Option 2: Include when no assignment other than benefits that have become payable is permitted :)

[The rights and benefits provided by this Policy, except as provided herein, may not be assigned. The payee may, after a benefit or series of benefits has become payable, assign only those benefits. Such assignment will be valid only if the Company receives it before any of those benefits have been paid and only for benefits payable for claims arising from the same Covered Loss. Any other attempt to assign will be void.]

(Option 3: Include if assignment is permissible)

[The Company will be bound by an assignment of [the Insured Person's] insurance under this Policy only when the original assignment or a certified copy of the assignment, signed by [the Insured Person] [and any irrevocable beneficiary,] is filed with the Company. The assignee may exercise all rights and receive all benefits assigned only while the assignment remains in effect and insurance under this Policy for [the Insured Person] remains in force.] The Company will deal with the assignee as the owner of the policy in accordance with the terms of the assignment until the Company has received, at its home office, written notice of termination of the assignment, or written notice by or on behalf of some other person claiming some interest in the policy in conflict with the assignment.

This insurance may not be levied on, attached, garnished, or otherwise taken for a person's debts unless contrary to law.

[Certificates]

Where required by law, the Company will provide a certificate of insurance for delivery to [the Insured Person]. Each certificate will set forth a statement as to the insurance coverage to which the [Insured Person] is entitled, to whom the insurance benefits are payable, and a statement as to any family member, Spouse or Dependent's coverage. If family members or Dependents are included in the coverage, the insurer need only issue one certificate to each family unit.]

[[30 Day] Right to Examine Certificate]

(Included when the Insured Person pays any part of the premium)

If [the Insured Person] does not like the Certificate for any reason, it may be returned to the Company within [30 days] after receipt. The Company will return any premium that has been paid. In that case the Certificate will be void as if it had never been issued.]

Clerical Error

A person's coverage will not be affected by error or delay in keeping records of insurance under this Policy. If such error or delay is found, the Company will adjust the premium fairly.

Conformity with Statutes

Any provision in this Policy that is in conflict with the requirements of any state or federal law that apply to this Policy are automatically changed to satisfy the minimum requirements of such laws.

Entire Contract; Changes

The Policy, [the Master Application] and any attached papers make up the entire contract between the Policyholder and the Company. [In the absence of fraud,]

all statements made by the Policyholder or any [Insured Person] will be considered representations and not warranties. No written statement made by an [Insured Person] will be used in any contest unless a copy of the statement is furnished to the [Insured Person] or, in the event of the death or incapacity of the [Insured Person], to his beneficiary or personal representative.

No change in this Policy will be valid until approved by one of the Company's executive officers and endorsed on or attached to this Policy. No agent has authority to change this Policy or to waive any of its provisions.

If an enrollment form for an [Insured Person] is required, it may also be made a part of this Policy at the Company's option.

Examination of the Policy

This Policy will be available for inspection at [the Policyholder's; Subscriber's] office during regular business hours.

Incontestability

[1.] Of This Policy: The validity of the Policy will not be contested after it has been in force for two years from the Policy Effective Date, except for non-payment of premium[, misrepresentation or fraud.]

[2. Of [The Insured Person's] Insurance: After an [Insured Person] has been insured under the Policy for two years during his or her lifetime, Misrepresentations, omissions, and incorrect statements will not prevent recovery under the policy unless fraudulent, material to the acceptance of risk or hazard assumed by the Company, or the Company would not in good faith have issued the policy, or would not have issued it at the same premium rate, or in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known as required either by the application for the policy or otherwise. The Company may only contest coverage if the misstatement is made in a written instrument signed by the [Insured Person] and a copy is given to the Policyholder, the [Insured Person] or the beneficiary.]

However, the Company may contest coverage at any time based upon the [Insured Person's] ineligibility for coverage under the Policy or upon other provisions in the Policy.

Misstatement of Fact

If [the Policyholder; Subscriber] has misstated any fact, all amounts payable under this Policy will be such as the premium paid would have purchased had such fact been correctly stated.

Noncompliance with Policy Requirements

Any express or implied waiver by the Company's of any requirements of this Policy is not a continuing waiver of such requirements. Any failure by the Company to enforce any policy provision will not be a waiver or amendment of that provision.

Policy Changes

No change in this Policy will be valid until approved by one of the Company's executive officers and endorsed on or attached to this Policy. The Company may agree with [the Policyholder; Subscriber] to modify a plan of benefits without [the Insured Person's] consent.

Records

[The Policyholder; Subscriber] or its authorized Administrator will maintain the records of [the Insured Person's] insurance under this Policy. The Company will be permitted to examine [the Policyholder's; Subscriber's] records relating to the insurance under this Policy at any reasonable time. [The Policyholder; Subscriber] is acting as an agent of [the Insured Person] for transactions relating

to this insurance. The actions of [the Policyholder; Subscriber] will not be considered the actions of the Insurance Company.

[Reporting Requirements

The [Policyholder; Subscriber] or its authorized agent must report all of the following to the Company by the premium due date:

1. The names of all persons insured on the Policy Effective Date;
2. The names of all persons who are insured after the Policy Effective Date;
3. The names of those persons whose insurance has terminated;
4. Additional information required by The Company.]

[The Company may, at the Company sole discretion, waive reporting of any information specified above.]

**[Subscriber Participation
Under This Policy**

An organization may elect to participate under this Policy by submitting a signed Subscriber participation agreement to the Policyholder. No participation by an organization is in effect until approved by the Company.]

Workers' Compensation

This Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

DESCRIPTION OF [BENEFITS] [AND/OR] [COVERAGES]

Each of the following benefits apply on a case-by-case basis at the option of the Policyholder/Subscriber. They may be included as shown, modified or deleted.

Please read these and the *Common Exclusions* sections in order to understand all of the terms, conditions and limitations applicable to these Benefits.

[ACCIDENTAL DEATH BENEFIT]

Covered Loss The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] dies directly and independently of all other causes from a [Covered Loss] [within the applicable time period specified in the *Schedule of Benefits*].

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[ACCIDENT][ACCIDENTAL DEATH] [AND DISMEMBERMENT] BENEFIT

Covered Losses The Company will pay the Benefit Amount for any one of the [Covered Losses] listed in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a [Covered Loss] [within the applicable time period specified in the *Schedule of Benefits*].

[If [the Insured Person] sustains more than one [Covered Loss] as a result of the same [Covered Loss], the Company will pay the Benefit for the [Covered Loss] for which the largest benefit is payable.] or [If [the Insured Person] sustains more than one [Covered Loss] as a result of the same [Covered Loss], the total of Benefits the Company will pay will not exceed the Principal Sum.]

[If a Covered Loss causes [the Insured Person's] death, the Company will pay for Accidental Death and any other [Covered Losses] will not exceed the [Principal Sum, Accidental Death Benefit, largest Benefit payable for a [Covered Loss]]

Definitions For purposes of this benefit:

Each of the following definitions is optional and will be included as required by the selected benefits.

[Loss of a Hand or Foot means complete Severance through or above the wrist or ankle joint.]

[Loss of Use of a Hand or Foot means total loss of all ability to move the hand or foot, within [30 to 365 days] of a [Covered Loss], that continues for [6 to 24 months] and is expected to continue for the remainder of [the Insured Person's] lifetime.]

[Loss of Sight means the total, permanent Loss of Sight of one eye. The Loss of Sight must be irrecoverable by natural, surgical or artificial means.]

[Loss of Speech means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.]

[Loss of Hearing means total and permanent loss of ability to hear any sound [in both ears] which is irrecoverable by natural, surgical or artificial means.]

[[Loss of a Thumb and Index Finger of the Same Hand or Loss of Four Fingers of the Same Hand] means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).]

[Loss of Toes means complete Severance through the metatarsalphalangeal joint.]

[Heart Failure] means death because the heart ceases to beat due to failure of the heart to maintain adequate circulation of blood [provoked by participation in a [Covered Activity] [Covered Hazard].]

[Coma] means a profound state of unconsciousness from which [the Insured Person] is not likely to be aroused through powerful stimulation. The Coma must begin within [10 to 90 days] of the [Covered Loss], continue for [30 to 180 consecutive days] and must be diagnosed and treated regularly by a Physician. Coma does not mean any state of unconsciousness intentionally induced during the course of treatment of a [Covered Injury] unless the state of unconsciousness results from the administration of anesthesia in preparation for surgical treatment of injuries sustained in that [Covered Loss].

[Brain Death] means irreversible unconsciousness, resulting directly and independently of all other causes from and within [10 to 365 days] of a [Covered Loss], manifested by both total loss of brain function and complete absence of electrical activity of the brain, even though the heart is still beating.

[Severance] means complete separation and dismemberment of the part from the body.

[Physician] means a [United States-] licensed health care provider practicing [in the United States] within the scope of his license and rendering care and treatment to [the Insured Person] that is appropriate for the condition and locality, and who is not:

1. [the Insured Person];
2. a parent, sibling, spouse or child of either [the Insured Person] or [the Insured Person's] spouse;
3. a person living in [the Insured Person's] household;
4. a person employed or retained by [the Policyholder; Subscriber]; or
5. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[ADDITIONAL [ACCIDENT][ACCIDENTAL DEATH] [AND DISMEMBERMENT] COVERAGES

[[Accident][Accidental Death] [and Dismemberment] benefits are provided under the following coverages. Any benefits payable under them are shown in the *Schedule of Benefits* and will not be paid in addition to any other [Accident][Accidental Death] [and Dismemberment] benefits payable.]

[ARMED FORCES COVERAGE]

Benefits for [Accident][Accidental Death] [and Dismemberment], as shown in the *Schedule of Benefits*, will be payable if [the Insured Person] suffers a [Covered Loss] that results directly and independently of all other causes from a Covered Accident that occurs while he is on active duty in any Armed Forces.

[CIVIL UNREST COVERAGE]

[Not Applicable to Insured Dependents]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] suffers a [Covered Loss] sustained by such person [While on the Business of the Policyholder] and as a result of: (1) an act of declared or undeclared war within the geographic limits or territorial waters of, or airspace above the geographic limits or territorial waters of, a Designated War Risk Territory; or (2) if not an act of declared or undeclared war (regardless of where the act of declared or undeclared war occurs): (a) riot; (b) rebellion; (c) insurrection; (d) civil strife; or (e) student unrest; which requires that National Security forces be called to intervene (but not such an Act in which the [Insured Person] is an active participant).

Changes in Premium. The Company may change the premium rate for the inclusion of Civil Unrest Benefit under this Policy at any time if (1) war risk conditions change in the Designated War Risk Territory(ies); (2) there is a change in which area(s) is (are) defined to be the Designated War Risk Territory(ies); or (3) the Policyholder's exposure to war risk in the Designated War Risk Territory(ies) changes in any way. The Company will give the

Policyholder written notice of any change in the premium rate for the inclusion of Civil Unrest Benefit at least [10 to 45 days] in advance of the effective date of the change.

Termination Date. Civil Unrest Benefit ceases to apply with respect to this Policy on the earliest of: (1) the date the Policy terminates; [or] (2) the date the Company receives written notice from the [Policyholder] of the Policyholder's intent to terminate the applicability Civil Unrest Benefit (or on the date specified in the written notice, if later); or (3) the date specified in the Company's written notice to the [Policyholder] of the Company's intent to terminate the applicability of Civil Unrest Benefit (or [10 – 45 days] after the date the written notice is received by the [Policyholder], if later)].

If the applicability of Civil Unrest Benefit terminates prior to the end of a period for which premium has been paid, any unearned premium attributable to Civil Unrest Coverage will be returned.

Termination of the applicability of Civil Unrest Benefit Coverage will not affect a claim for a [Covered Loss] that occurred while Civil Unrest Benefit was still applicable.

[Reporting Requirements. The Policyholder agrees to report, in writing, exposure of [Insured Person] in the Designated War Risk Territory(ies) [monthly] [quarterly] [annually] [on [description of periodic due date]]. The report must include the name of each [Insured Person] exposed, his or her specific itinerary and destination(s) in the Designated War Risk Territory(ies), the effective and termination dates of his or her exposure, and his or her Principal Sum with respect Civil Unrest during the period of exposure.]

Changes in Terms and Conditions. The terms and conditions of Civil Unrest, including but not limited to the definition of the Designated War Risk Territory(ies), may be changed at any time, to reflect conditions that, in the opinion of the Company, constitute a change in the Policyholder's war risk exposure.

Designated War Risk Territory(ies) means [named country(ies) or part(s) of country(ies)]. A Designated War Risk Territory does not include the United States of America [or the Insured Person's country of permanent residence.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[COMMON CARRIER [PUBLIC CONVEYANCE] COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a [Covered Loss] that occurs while [Insured Person] is riding as a fare-paying passenger in, entering or exiting the Common Carrier.

[Benefits will be payable for a [Covered Loss] that occurs as a result of the [Insured Person] [or Insured Dependent] being struck by any [Aircraft while at the airport before or after arrival of a flight that would have been covered [[train while at a train station before or after the arrival a train that would have been covered]] a bus while at a bus depot before or after the arrival of a bus that would have been covered]]]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[EXPOSURE AND DISAPPEARANCE COVERAGE

Benefits for [Accident][Accidental Death] [and Dismemberment], as shown in the *Schedule of Benefits*, will be payable if [a Insured Person] suffers a [Covered Loss] which results directly and independently of all other causes from unavoidable exposure to the elements following a Covered Accident.

If [the Insured Person] disappears and is not found within [variable; e.g., one year] from the date of the wrecking, sinking or disappearance of the conveyance in which [the Insured Person] was riding in the course of a trip which would otherwise be covered under this Policy, it will be presumed that [the Insured Person's] death resulted directly and independently of all other causes from a Covered Accident.

[HIJACKING AND AIR PIRACY COVERAGE

Benefits for [Accident][Accidental Death] [and Dismemberment], as shown in the *Schedule of Benefits*, will be payable if [the Insured Person] suffers a [Covered Loss] resulting directly and independently of all other causes from a Covered Accident that occurs during the hijacking, air piracy, or unlawful seizure or attempted seizure of an Aircraft.

[NATIONAL GUARD AND ARMED FORCES RESERVE COVERAGE]

Benefits for [Accident][Accidental Death] [and Dismemberment], as shown in the *Schedule of Benefits*, will be payable subject to the following conditions if [the Insured Person] suffers a [Covered Loss] resulting directly and independently of all other causes from a Covered Accident that occurs while [the Insured Person] is a member of the U.S. Military Reserve or National Guard.

While [the Insured Person] is a member of the U.S. Military Reserve or National Guard, coverage under this Policy will remain in force beyond the 31-day active duty training period and continue:

1. during [the Insured Person's] initial training period;
2. if [the Insured Person] is called to active duty [for a domestic emergency].

[OWNED AIRCRAFT COVERAGE]

Benefits for [Accident][Accidental Death] [and Dismemberment], as shown in the *Schedule of Benefits*, will be payable if [the Insured Person] suffers a [Covered Loss] that results directly and independently of all other causes from a Covered Accident that occurs during travel or flight in, including getting in or out of, any Aircraft that is owned, leased, operated or controlled by [the Policyholder, Subscriber or any of its subsidiaries or affiliates]. A record of eligible Aircraft will be maintained by [the Policyholder, Subscriber] and available for review by the Company at any time during normal business hours. An Aircraft substituted for an eligible Aircraft will also be eligible if it has no greater seating capacity and the original Aircraft is withdrawn from normal use due to breakdown, repair, servicing, loss or destruction.

[PILOT COVERAGE]

Benefits for [Accident][Accidental Death] [and Dismemberment], as shown in the *Schedule of Benefits*, will be payable if [the Insured Person] suffers a [Covered Loss] resulting directly and independently of all other causes from a Covered Accident that occurs while [the Insured Person] is flying as a licensed pilot [or member of the crew] of an Aircraft and meets all of the following requirements:

- [1. has submitted a completed Pilot Data History form and been accepted for Pilot Coverage by the Company;]
- [2. maintains the same level of qualification stated on the Pilot Data History form submitted to and approved by the Company;]
- [3. completes and maintains a combined minimum of [200 hours] of military, private or professional logged flight hours;]
- [4. is flying as a pilot [or member of the crew] of an Aircraft traveling on or transacting business for [the Policyholder or Subscriber]. All trips must have been authorized in advance by [the Policyholder, Subscriber];]
- [5. is flying as a pilot [or member of the crew] of an Aircraft [described below] or [on a list of eligible Aircraft maintained by [the Policyholder, Subscriber], including a substitute Aircraft with no greater seating capacity while a [specified] or [listed] Aircraft is withdrawn from normal use due to breakdown, repair, servicing, loss or destruction;]
- [6. is flying as a pilot [or member of the crew] of an Aircraft that is [not] owned, leased, operated or controlled by [the Policyholder, Subscriber];]
- [7. is not giving or receiving flight instruction.]

[Description of Aircraft Covered]

[variable; e.g., will list type of Aircraft, license number and passenger seating capacity: Boeing 727, License # PA12345, passenger seating capacity: 45]]

Exclusions The exclusions that apply to this coverage are in the *Common Exclusions* Section.]]

[TERRORISM COVERAGE]

Benefits for [Accident][Accidental Death] [and Dismemberment], as shown in the *Schedule of Benefits*, will be payable if [the Insured Person] suffers a [Covered Loss] resulting directly and independently of all other causes from a Covered Accident that occurs during an act of Terrorism.

[The Policyholder, Subscriber] may cancel coverage at any time by written notice to the Company at the Company's home office address. The Company may cancel coverage at any time by giving [the Policyholder, Subscriber] advance written notice of at least [10 days] prior to cancellation. Any unearned premium paid by [the Policyholder, Subscriber] will be promptly returned.

[Exclusions] Benefits will not be paid for [Covered Losses] caused by or resulting from nuclear radiation or the release of nuclear energy.]

[[Other] exclusions that apply to this coverage are in the *Common Exclusions* Section.]]

[WAR RISK COVERAGE]

Benefits for [Accident][Accidental Death] [and Dismemberment] as shown in the *Schedule of Benefits*, will be payable, subject to the following conditions and exclusions, if [a Insured Person] suffers a [Covered Loss] that results directly and independently of all other causes from a Covered Accident that occurs during war or acts of war that occur in:

- [1. variable; e.g., a specifically described geographic area such as Saudi Arabia, Iran, Serbia]; or
- [2. variable; e.g., a generally described geographic area such as worldwide, excluding the United States and its territories and possessions.]

[The Policyholder, Subscriber] may cancel this war risk coverage at any time by sending written notice to the Company at the Company's home office address. Coverage will be canceled upon receipt of notice or a date specified by [the Policyholder, Subscriber].

We may cancel this coverage at any time by providing written notice to [the Policyholder, Subscriber] at least [10 days] prior to termination of this coverage. Any unearned premium will be promptly returned to [the Policyholder, Subscriber].

Exclusions This benefit does not provide coverage when a [Covered Loss] occurs:
[1. in the United States and its territories and possessions; or]
[2. in any nation of which [the Insured Person] is a citizen.]

[[Other] exclusions that apply to this coverage are in the *Common Exclusions* Section.]]

[ACCIDENTAL SEVERE BURN AND DISFIGUREMENT BENEFIT]

The Company will pay the Benefit Amount, shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Severe Burn.

A Physician must determine that the burn satisfies all of the following:

- a. involves the minimum percentage shown in the *Schedule of Benefits*; and
- b. be classified as shown in the *Schedule of Benefits*; and
- c. results in Disfigurement or loss of physical abilities.

Definitions For purposes of this benefit:

Severe Burn/Severely Burned means cosmetic disfigurement of at least [20% to 80%] of the surface of a body area due to an Injury that is a [third-degree, full-thickness burn, as determined by a Physician. The Company has the right, at its own expense; to have the Physician's determination verified by a Physician of the Company's choice. (A third degree, full-thickness burn is the destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to fire, heat, caustics, electricity or radiation). **First-degree burn means** burn that is limited to redness (erythema), a white plaque and minor pain at the site of the [Covered Injury]. These burns involve only the epidermis.] **[Second-degree burns** means a manifest as erythema with superficial

blistering of the skin, and can involve more or less pain depending on the level of nerve involvement. Second-degree burns involve the superficial (papillary) dermis and may also involve the deep (reticular) dermis layer.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

**[ADDITIONAL OCCUPATIONAL BENEFIT
[Not applicable to Insured Dependents]**

The Company will pay the Benefit shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a [Covered Loss] that occurs while [an Insured Person] is on [the Employer's, Policyholder's, Subscriber's] premises and engaged in the course of his job [or on business travel pre-authorized by [the Employer, Policyholder, Subscriber]].

[Business Travel begins at the actual start of a business trip that has been pre-authorized by [the Employer, Policyholder, Subscriber]; whether the trip starts at [the Insured Person's] home, place of work, or another place. Business Travel Coverage:

1. ends when [the Insured Person] arrives at his home or place of work, whichever happens first; and
2. is not in effect during [the Insured Person's] Personal Deviation.]

Aircraft restrictions. .

[Business Travel includes riding in, or getting on or off of, an Aircraft, but only if:

1. [the Insured Person] is riding as a passenger only, and not as a pilot or member of the crew; and
2. the Aircraft is not being used for any of the following:
 - a. crop dusting, spraying or seeding;
 - b. fire fighting;
 - c. sky writing;
 - d. sky diving or hang gliding;
 - e. pipeline or power line inspection;
 - f. aerial photography or exploration;
 - g. racing;
 - h. endurance tests, stunt or acrobatic flying;
 - i. any operation which requires a special permit from the FAA, even if it is granted unless the permit is required only because of the territory flown over or landed on;
 - j. giving or receiving flying instruction.]]

Exclusions

[Business travel coverage is not provided during:

1. normal commuting between [the Insured Person's] home and place of work; or
2. [the Insured Person's] Personal Deviation [variable; e.g., in excess of 30 days].]

[Other] exclusions that apply to this benefit are in the *Common Exclusions* Section.]

**[AIRCRAFT [OWNED] [LEASED] [OPERATED] [OR] [CONTROLLED] BENEFIT
[Not applicable to Insured Dependents]**

The Company will pay Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a [Covered Loss] that occurs during travel or flight in, including getting in or out of, any Aircraft that is [owned,] [leased, [operated] [or controlled]by [the Policyholder, Subscriber or any of its subsidiaries or affiliates].

A record of eligible Aircraft will be maintained by [the Policyholder, Subscriber, Employer] and provided to the Company at our request. [An eligible Aircraft leased by [the Policyholder, Subscriber, Employer] includes one of the same types or class specified in the leasing contract between it and [insert name of leasing company].]

[An Aircraft substituted for an eligible Aircraft will also be eligible if it is as similar to the original Aircraft in design and seating capacity as is available, and the original Aircraft is withdrawn from normal use due to breakdown,

repair, servicing, loss or destruction. [An Aircraft controlled by [the Policyholder, Subscriber, Employer] is one available for its use for [10] or more consecutive days or [15] days during any calendar year.]]

[Substitute Pilot Provision. If any Designated Pilot in the Policy Condition of Coverage (s) that designates which pilots must be piloting the aircraft is temporarily unable to pilot a Designated Aircraft in such Condition of Coverage (s) in the Policy due to sickness, injury, vacation or leave of absence, a substitute pilot may also be considered a Designated Pilot of that Designated Aircraft for the purposes of such Condition of Coverage in the Policy, but only while the Designated Pilot is temporarily unable to pilot that Designated Aircraft due to the stated reason(s) and only if the substitute pilot:

1. has a current and valid medical certificate and pilot certificate with appropriate ratings for the designated aircraft; and
2. is not an employee of the Policyholder who is covered under this Policy[: and
3. has a minimum of [50, 100, 250, 500, ,000] military, private or professional pilot hours logged, separately or combined].

For the purposes of this Rider, a pilot is considered to be “temporarily unable to pilot a Designated Aircraft” if he or she is unable to perform piloting duties for no longer than 90 days.]

[Replacement Aircraft Provision. If any Designated Aircraft in the Policy Condition of Coverage (s) that designate which aircraft are covered)] is replaced with a newly acquired aircraft, the replacement aircraft may also be considered a Designated Aircraft for the purposes of such Condition of Coverage (s) only if the replacement aircraft[: 1)] has a current, valid Airworthiness Certificate in the same class as the replaced aircraft[: and 2) has the same or lesser passenger and crew member seat capacity as the replaced aircraft.]

Exclusions Exclusions that apply to this coverage are in the *Common Exclusions* Section.]

[AIRCRAFT PILOT [AND CREW] [PASSENGERS] BENEFIT [Not applicable to Insured Dependents]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a [Covered Loss] that occurs while [the Insured Person] is flying as a licensed pilot [or member of the crew] of an Aircraft and meets all of the following requirements:

- [1. Has submitted a completed Pilot Data History form and been accepted for Pilot Coverage by the Company;]
- [2. Maintains the same level of qualification stated on the Pilot Data History form submitted to and approved by the Company;]
- [3. Completes and maintains a combined minimum of [200-400 *Scheduled hours*] of military, private or professional logged flight hours;]
- [4. Is flying as a pilot [or member of the crew] of an Aircraft traveling on or transacting business for [the Policyholder or Subscriber]. All trips must have been authorized in advance by [the Policyholder, Subscriber];]
- [5. Is flying as a pilot [or member of the crew] of an Aircraft [described below] or [on a list of eligible Aircraft maintained by [the Policyholder, Subscriber];]
- [6. Is flying as a pilot [or member of the crew] of an Aircraft that is [not] [owned,] [leased,] [operated] or [controlled] by [the Policyholder, Subscriber];]
- [7. Is not giving or receiving flight instruction.]

[Description of Aircraft Covered

[[Variable; e.g., will list type of Aircraft, license number and passenger and crew seating capacity: Boeing 727, License # PA12345, passenger seating capacity: 45]]; or

[A record of eligible Aircraft will be maintained by [the Policyholder, Subscriber, and Employer] and provided to the Company at our request. An eligible Aircraft leased by [the Policyholder, Subscriber, and Employer] includes one of the same types or class specified in the leasing contract between it and [*insert name of leasing company*].

An Aircraft substituted for an eligible Aircraft will also be eligible if it is as similar to the original Aircraft in design and seating capacity as is available, and the original Aircraft is withdrawn from normal use due to breakdown,

repair, servicing, loss or destruction. An Aircraft controlled by [the Policyholder, Subscriber, and Employer] is one available for its use for [10] or more consecutive days or [15-45] days during any calendar year.]]

Substitute Pilot Coverage. If any Designated Pilot is temporarily unable to pilot a Designated Aircraft due to sickness, injury, vacation or leave of absence, a substitute pilot may also be considered a Designated Pilot of that Designated Aircraft for the purposes of this benefit, but only while the Designated Pilot is temporarily unable to pilot that Designated Aircraft due to the stated reason(s) and only if the substitute pilot:

1. has a current and valid medical certificate and pilot certificate with appropriate ratings for the designated aircraft; and
2. is not an employee of the Policyholder who is covered under this Policy[: and
3. has a minimum of [50, 100, 250, 500, 1,000] military, private or professional pilot hours logged, separately or combined].

For the purposes of this Rider, a pilot is considered to be “temporarily unable to pilot a Designated Aircraft” if he or she is unable to perform piloting duties for no longer than 90 days.

Replacement Aircraft Coverage. If any Designated Aircraft is replaced with a newly acquired aircraft, the replacement aircraft may also be considered a Designated Aircraft for the purposes this benefit only if the replacement aircraft[: 1)] has a current, valid Airworthiness Certificate in the same class as the replaced aircraft[: and 2) has the same or lesser passenger and crew member seat capacity as the replaced aircraft

[ALTERNATIVE COMMUTING BENEFIT [Not applicable to Insured Dependents]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, when the [Insured Person] suffers a [Covered Loss]:

1. while he is using an alternate means of transportation for commuting directly between his home and [the Policyholder's; Subscriber's] premises where he normally works; and
2. when such use is necessitated by discontinuance of service, strike, or major breakdown of one or more public conveyance transportation systems which [the Insured Person] regularly uses in commuting.

Exclusions Benefits will not be payable for [Covered Loss] that occurs more than [two hours] after [the Insured Person] leaves his home or place of employment, unless it can be conclusively established that:

1. the delay was caused by conditions beyond the [Insured Person's] control; or
2. more time was needed for normal direct commuting.]

[Other] exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[AMBULANCE BENEFIT]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] requires ambulance services due to a [Covered Loss] [or Emergency Sickness].

The ambulance services provided must be for [ground and/or air] transportation from the scene of the Covered Loss [from the place of the Covered Activity] to the nearest hospital within [12 to 48 hours] of the Covered Loss

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[AMBULATORY SURGICAL [AND HOSPITAL OUTPATIENT CENTER] BENEFIT]

The Company will pay the benefit shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] requires treatment of a [Covered Loss] in an Ambulatory Surgical Center.

[Definitions For purposes of this benefit:

Ambulatory Surgical Center means a facility, licensed as such, that provides Outpatient surgical services. It does not include a Hospital, Physician's or dentist's office, a clinic, or any other such location.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[ASSOCIATION MEMBERS' BENEFIT

[Benefits for Accidental Loss of Life

The Company will pay the benefit shown in the *Schedule of Benefits*, subject to the following conditions and exclusions, if [the Covered Person's] death results directly and independently of all other causes from a [Covered Loss] [Covered Activity]:

1. while attending or participating in events sponsored by [XYZ Association or an XYZ Association affiliate]; [or while traveling to or from such event; or]
- [2. during the legal use of firearms or Hunting Equipment while legally hunting.]

[If [the Insured Person] dies after the Company has paid any Accidental Loss of Limb or Sight Benefit, the Company will then pay the Accidental Loss of Life Benefit less any Accidental Loss of Limb or Sight Benefit already paid.]]

[Benefits for Accidental Loss of Limb or Sight

The Company will pay the benefit shown in the *Schedule of Benefits*, subject to the following conditions and exclusions, if [the Insured Person] suffers a [Covered Loss] that results directly and independently of all other causes from a [Covered Loss] [Covered Activity] occurred:

1. while attending or participating in events sponsored by [XYZ Association or an XYZ Association affiliate]; [or while traveling to or from such event; or]
2. during the legal use of firearms or Hunting Equipment while legally hunting.]

Definitions For purposes of this benefit:

[Hunting Equipment] will include sleeping facilities being used during the act of hunting and located on public or private land in the same area as the hunting activity.]

[Loss of a hand or foot] means complete severance through or above the wrist or ankle joint.]

[Loss of Sight] means the total, permanent loss of all vision in one eye which is irrecoverable by natural, surgical or artificial means.]

[Severance] means the complete and permanent separation and dismemberment of the part from the body.]

Exclusions Benefits will not be paid for a loss caused by or resulting from any of the following:

1. accidents arising out of or during the course of [the Insured Person's] primary occupation;
- [2. injury resulting from maintenance, repair or cleaning of firearms;]
- [3. injury sustained while traveling to or from hunting;]
- [4. illegal or unlicensed hunting or hunting in any unauthorized or restricted area. This will include hunting without any licenses or permits required in the locale where the hunt is occurring or without any required current license or permit for any weapon used in the hunt;]
- [5. injury sustained in consequence of the illegal use of firearms.]

[[Other] exclusions that apply to this benefit are in the *Common Exclusions* Section.]]

[BEREAVEMENT AND TRAUMA COUNSELING BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits* for counseling sessions, subject to all applicable conditions and exclusions, when the [Insured Person] [and/or Immediate Family Member or Fellow Participant] requires bereavement and trauma counseling because of a Covered Death or [Covered Loss] under this policy. Such counseling must meet all of the following conditions:

1. covered bereavement and trauma counseling expenses must be incurred within [one year] from [the date of the Covered Loss causing the [Covered Loss]];
2. the expense is charged for a bereavement or trauma counseling session for the [Insured Person] [and/or one or more of his Immediate Family Members or Fellow Participants];
3. counseling is provided under the care, supervision or order of a Physician;
4. a charge would have been made if no insurance existed.

Definitions For purposes of this benefit:

Fellow Participant means [an Insured Person], other than [the Insured Person] who suffered a [Covered Loss], who was present at or participating in the same [Covered Activity] [Covered Hazard] and as a result suffered trauma requiring counseling treatment.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

**[BOMB SCARE, BOMB SEARCH OR BOMB EXPLOSION BENEFIT
[Not applicable to Insured Dependents]**

The Company will pay the Benefit Amount shown in the *Schedule of Benefits* if [the Insured Person] suffers a [Covered Loss] and all of the following conditions are met:

1. [the Insured Person] is on [the Policyholder's, Subscriber's] premises when the [Covered Loss] occurs;
2. the [Covered Loss] is caused by or results from a Bomb Scare, Search or Explosion, as defined below;
3. [the Insured Person] is an authorized participant of a team or squad engaged in a Bomb Search or related activity;
4. [the Policyholder, Subscriber] authorizes [the Insured Person's] participation and sanctions the Search.

Definitions For purposes of this benefit:

Bomb means any real or dummy explosive device placed with intent to damage, scare, or cause injury.

Scare means any real or false report of a Bomb on the premises of [the Policyholder, Subscriber].

Search means any organized search for a reported Bomb.

Explosion means any detonation of a Bomb on [the Policyholder's, Subscriber's] premise which appears to have been intended to cause injury or unlawful property damage, whether or not the presence of the Bomb was reported before detonation. [It does not include any act of declared or undeclared war in the United States of America or Canada, or acceptance of known explosives as cargo.]]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[BONUS BENEFIT

The Company will pay the [additional] benefit shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a [Covered Loss] [Optional: include for stand-alone benefit - specified in the *Schedule of [Accident][Accidental Death] [and Dismemberment] Benefits*] [and that occurs while traveling on official business for the ABC Association].

(Optional: include for stand-alone benefit)

[If the [Insured Person] sustains more than one [Covered Loss] as a result of the same Accident, benefits will be paid for the [Covered Loss] for which the largest available benefit is payable.] [If the [Covered Loss] results in death, benefits will only be paid under the Accidental Death life benefit provision. [Any Accidental Death benefit will be reduced by any paid or payable Accidental Dismemberment benefit.] [However, if such Accidental Dismemberment benefit equals or exceeds the Accidental Death benefit, no additional benefit will be paid.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

The Company will pay the benefits as shown in the Schedule of Benefits.

[BRAIN DAMAGE BENEFIT]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] [or Insured Dependent] suffers a [Covered Loss] that results in Brain Damage. The benefit will be payable if all of the following conditions are met:

1. Brain Damage begins within [30 to 120 days] from the date of the [Covered Loss];
2. [the Insured Person] is hospitalized for treatment of Brain Damage at least [seven days] within the first [variable; e.g., any time frame from 30 to 120 days] following the [Covered Loss];
3. Brain Damage continues for [12 consecutive months];
4. a Physician determines that as a result of Brain Damage, [the Insured Person] [or Insured Dependent] is permanently Totally Disabled at the end of the [12 consecutive month] period.

The benefit will be paid in one lump sum at the beginning of the [13th month] following the date of the [Covered Loss] if Brain Damage continues longer than [12 consecutive months]. [variable; e.g., The amount payable will not exceed the [Accident][Accidental Death] [and Dismemberment] Principal Sum for the [Insured Person] whose [Covered Loss] is the basis of the claim.] [Variable; e.g., The Brain Damage Benefit plus other benefits payable as the result of the same Covered Loss will not exceed the [Accident][Accidental Death] [and Dismemberment] Principal Sum for which [the Insured Person] was insured on the date of the [Covered Loss].]

Definitions For purposes of this benefit:

Brain Damage means physical damage to the brain that results directly and independently of all other causes from a [Covered Injury] and causes [the Insured Person] to be permanently Totally Disabled.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[BRAIN [DAMAGE] [INJURY] ACTIVITIES OF DAILY LIVING BENEFIT]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] [Insured Dependent] suffers a [Covered Loss] that results in Brain Damage. The benefit will be payable if all of the following conditions are met:

1. Brain Damage begins within [30 to 120 days] from the date of the [Covered Loss];
2. [the Insured Person] is hospitalized for treatment of Brain Damage at least [seven days] within the first [variable; e.g., any time frame from 30 to 120 days] following the [Covered Loss];
3. the insured is unable to perform [1-6] of the 6 Activities of Daily Living.

The benefit will be paid in one lump sum at the beginning following the date of the [Covered Loss]. [variable; e.g., The amount payable will not exceed the [Accident][Accidental Death] [and Dismemberment] Principal Sum for [the Insured Person] whose [Covered Loss] is the basis of the claim.] [variable; e.g., The Brain Damage Benefit plus other benefits payable as the result of the same [Covered Loss] will not exceed the [Accident][Accidental Death] [and Dismemberment] Principal Sum for which [the Insured Person] was insured on the date of the [Covered Loss].]

Definitions For purposes of this benefit:

Brain Damage means physical damage to the brain that results directly and independently of all other causes from a [Covered Injury] and causes [the Insured Person] to be permanently Totally Disabled.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[BRAIN DEATH BENEFIT]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] [or Insured Dependent], is determined by a Physician to be brain dead, from a [Covered Loss]. [The Company will pay the additional benefit amount shown in the *Schedule of Benefits*.]

Brain Death means the irreversible unconsciousness with the total loss of brain function; and a complete absence of electrical activity of the brain, although the heart is still beating.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

**[BULLETPROOF VEST BENEFIT
[Not applicable to Dependents]**

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] [who is Age 18 or older] is on official duty for [the Policyholder, Subscriber] and is shot while wearing a Bulletproof Vest and:

1. The Bulletproof Vest fails to prevent the bullet's penetration through the vest; and
2. Such penetration results, directly and independently of all other causes, in [a [Covered Loss] Death, [Covered Injury]].

[Definitions For purposes of this benefit:

Bulletproof Vest means a protective vest designated as [Threat Level II-A, Threat Level II or Threat Level III-A] [manufactured by a vendor designated by [the Policyholder, Subscriber]] and purchased not more than [five years] before the [Covered Injury] [Covered Loss.]]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[BURIAL AND CREMATION BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, for burial or cremation of [the Insured Person] who dies from a [Covered Loss] and an Accidental Death Benefit is payable under this Policy.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[BUSINESS TRAVEL BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to the following conditions and exclusions, if [Insured Person] suffers a [Covered Loss] resulting directly and independently of all other causes that occurs during a business trip authorized in advance by [the Employer, Policyholder, Subscriber]. The [Covered Loss] must be sustained:

1. in the course of [Insured Person's] [job or association business];
2. away from the premises of [the Employer, Policyholder, Subscriber] in [the Insured Person's, Member's] city of permanent assignment].

Coverage will begin at the actual start of a business trip authorized by [the Employer, Policyholder, Subscriber]. It does not matter if the trip starts at [Insured Person's] home, place of work, or any other place. Coverage will end when [the Insured Person] arrives at his home or place of work, whichever happens first.

[Definitions For purposes of this benefit:

Personal Deviation means an activity that meets all of the following conditions:

1. is not reasonably related to [the Employer's, Policyholder's, Subscriber's] business trip;
2. is not incidental to [the Employer's, Policyholder's, Subscriber's] business;
3. occurs prior to the end of the trip [variable; e.g., or within [one hour before or after the trip]].

[A Personal Deviation does not include extension of a business trip authorized in advance by [the Employer, the Policyholder, the Subscriber] as necessary to reduce transportation costs.]]

Exclusions Coverage for business travel is not provided during [any of the following]:

1. normal commuting between [the Insured Person's] home and place of work;
2. travel in an Aircraft owned, leased, operated or controlled by [the Employer, Policyholder, Subscriber];
3. travel to another location where [the Insured Person] is expected to be assigned for more than [60 days] by [the Employer, Policyholder, Subscriber];
4. [an Insured Person's], Member's] Personal Deviation [in excess of [31] days].

[Other] exclusions that apply to this benefit are in the *Common Exclusions* Section.]]

[CARJACKING BENEFIT]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a [Covered Loss] during a Carjacking of a Private Passenger Automobile that [the Insured Person] was operating, getting into or out of, or riding in as a passenger. Verification of the Carjacking must be made part of an official police report within [24 hours] of the Carjacking, or as soon as reasonably possible, or be certified in writing by the investigating officer(s) within [24 hours] or as soon as reasonably possible.

Definitions For purposes of this benefit:

Carjacking means a person other than [the Insured Person] taking unlawful possession of a Private Passenger Automobile by means of force or threats against the person(s) then rightfully occupying it.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[CHILD [REN 'S] ADDITIONAL INDEMNITY [DISMEMBERMENT] [PARALYSIS] [LOSS OF USE] BENEFIT]

The Company will pay Benefit Amount, as shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an Insured Dependent Child suffers an accidental dismemberment[or an accidental[paralysis][loss of use]] for which an Accidental Dismemberment benefit[or a[Paralysis][Loss of Use] benefit is payable under this policy]. The Company will pay this additional benefit to or on behalf of an Insured Dependent Child.

[It is payable with respect to the one Benefit specified above which provides the larger benefit for all Injuries suffered by the Insured Dependent Child in the same Accident.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[CHILD CARE CENTER BENEFIT]

The Company will pay Benefit Amount shown in the *Schedule of Benefits* for the care of each surviving Dependent Child in a Child Care Center [after school program or summer camp] if an Accidental Death Benefit [for the [the Insured Person] [Insured Spouse] is payable under this Policy] [and the Insured Person has Family Coverage in effect under the Policy] and he or she is survived by one or more Dependent Children under Age [13]; who

- [1. was enrolled in a Child Care Center on the date of the [Covered Loss]; or]
- [2. enrolls in a Child Care Center within [variable; e.g., 30 to 730 days] from the date of the [Covered Loss]].

This benefit will be payable to the Surviving Spouse if the Spouse has custody of the child. If the Surviving Spouse does not have custody of the Dependent Child, benefits will be paid to the Dependent Child's legally appointed guardian. Payments will be made at the end of each [12 month] period that begins after the date of [the Insured Person's] death. A claim must be submitted to the Company at the end of each [12 month] period [Optional; e.g., with proof of enrollment and attendance]. A [12 month] period begins:

- [1. when the Dependent Child enters a Child Care Center for the first time, within the period specified in 2. above, after [the Insured Person's] death; or]
2. on the first of the month following [the Insured Person's] death, if the Dependent Child was enrolled in a Child Care Center before [the Insured Person's] death.

Each succeeding [12-month] period begins on the day immediately following the last day of the preceding period. Pro rata payments will be made for periods of enrollment in a Child Care Center of less than 12 months.

[If there is no surviving Dependent Child at the time of [the Insured Person's] Covered Death, the Default Benefit shown in the *Schedule of Benefits* will be paid to [the Insured Person's] beneficiary.]

Definitions For purposes of this benefit:

Child Care Center is a facility which:

1. is licensed and run according to laws and regulations applicable to child care facilities; and
2. provides care and supervision for children in a group setting on a regular, daily basis including After School Program and Summer Camp Programs

A Child Care Center does not include any of the following:

1. a Hospital;
2. the child's home;
3. care provided during normal school hours while a child is attending grades one through twelve.

[**Surviving Spouse** will include [the Insured Person] and Insured Spouse.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[CHILD SURVIVOR BENEFIT]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable condition and exclusions, if an Accidental Death Benefit [for the [the Insured Person] [Employee] [Member's], [Spouse] [and had Family Coverage in effect under the Policy] is payable under this Policy] is survived by a covered Dependent Child.

If the Dependent Child was under the age of majority at the time of [the Insured Person, Employee's, Member's, Spouse's] death, a Child Survivor Benefit, plus interest, will be paid in one lump sum to each surviving covered Dependent Child when he attains the age of majority. Interest will be compounded annually at a rate equal to the arithmetic average of the 52-week U.S. Treasury notes as published by a financial authority designated by the Company. If the covered Dependent Child dies before this benefit is payable to him, this benefit will then be payable to the Dependent Child's estate.

If a surviving covered Dependent Child is the age of majority or over at the time of [the Insured Person Employee's, Member's, Spouse's] death, the benefit will be payable in one lump sum when the Company receives the claim. If there are no surviving Dependent Child at the time of [the Insured Person, Employee's, Member's, Spouse's] Accidental Death, a default benefit shown in the *Schedule of Benefits* will be paid to [the Insured Dependent, Employee's, Member's, and Spouse's] beneficiary.

Benefits will not be paid if a claim is submitted to the Company more than one year after:

1. [The Insured Person's, Employee's, Member's, Spouse's] death, or if earlier;
2. The child is no longer a Dependent Child, if he was under the age of majority at the time of [the covered Employee's, Member's, Spouse's] death.

Definitions For purposes of this benefit:

[Family Coverage] means coverage in force under the Policy on an Insured's Eligible Dependents: 1) whom the Insured has elected to cover under the Policy; and (2) for whom premium has been paid.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[CIVIL UNREST BENEFIT]

[Not Applicable to Insured Dependents]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] suffers a [Covered Loss] sustained by such person [While on the Business of the Policyholder] and as a result of: (1) an act of declared or undeclared war within the geographic limits or territorial waters of, or airspace above the geographic limits or territorial waters of, a Designated War Risk Territory; or (2) if not an act of declared or undeclared war (regardless of where the act of declared or undeclared war occurs): (a) riot; (b) rebellion; (c) insurrection; (d) civil strife; or (e) student unrest; which requires that National Security forces be called to intervene (but not such an Act in which the [Insured Person] is an active participant).

Changes in Premium. The Company may change the premium rate for the inclusion of Civil Unrest Benefit under this Policy at any time if (1) war risk conditions change in the Designated War Risk Territory(ies); (2) there is a change in which area(s) is (are) defined to be the Designated War Risk Territory(ies); or (3) the Policyholder's exposure to war risk in the Designated War Risk Territory(ies) changes in any way. The Company will give the Policyholder written notice of any change in the premium rate for the inclusion of Civil Unrest Benefit at least [10 to 45 days] in advance of the effective date of the change.

Termination Date. Civil Unrest Benefit ceases to apply with respect to this Policy on the earliest of: (1) the date the Policy terminates; [or] (2) the date the Company receives written notice from the [Policyholder] of the Policyholder's intent to terminate the applicability Civil Unrest Benefit (or on the date specified in the written notice, if later); [or] (3) the date specified in the Company's written notice to the [Policyholder] of the Company's intent to terminate the applicability of Civil Unrest Benefit (or [10 – 45 days] after the date the written notice is received by the [Policyholder], if later)].

If the applicability of Civil Unrest Benefit terminates prior to the end of a period for which premium has been paid, any unearned premium attributable to Civil Unrest Coverage will be returned.

Termination of the applicability of Civil Unrest Benefit Coverage will not affect a claim for a [Covered Loss] that occurred while Civil Unrest Benefit was still applicable.

[Reporting Requirements. The Policyholder agrees to report, in writing, exposure of [Insured Person] in the Designated War Risk Territory(ies) [monthly] [quarterly] [annually] [on [description of periodic due date]]. The report must include the name of each [Insured Person] exposed, his or her specific itinerary and destination(s) in the Designated War Risk Territory(ies), the effective and termination dates of his or her exposure, and his or her Principal Sum with respect Civil Unrest during the period of exposure.]

Changes in Terms and Conditions. The terms and conditions of Civil Unrest, including but not limited to the definition of the Designated War Risk Territory(ies), may be changed at any time, to reflect conditions that, in the opinion of the Company, constitute a change in the Policyholder's war risk exposure.

Designated War Risk Territory(ies) means [named country(ies) or part(s) of country(ies)]. A Designated War Risk Territory does not include the United States of America [or the Insured Person's country of permanent residence.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[COMMON CARRIER [PUBLIC CONVEYANCE] BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a [Covered Loss] that occurs while [Insured Person] is riding as a fare-paying passenger in, entering or exiting the Common Carrier.

[Benefits will be payable for a [Covered Loss] that occurs as a result of the [Insured Person] [or Insured Dependent] being struck by any [Aircraft while at the airport before or after arrival of a flight that would have been covered [[train while at a train station before or after the arrival a train that would have been covered]] a bus while at a bus depot before or after the arrival of a bus that would have been covered]]]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[COMMUTING BENEFIT

[Not applicable to Insured Dependents]

The Company will pay the benefit shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] sustains a [Covered Loss] while commuting directly to and from [the Insured Person's] home and the premises where he normally works.

Exclusions This benefit will not be payable for [Covered Loss] that happens more than [variable; e.g., two hours] after [the covered Employee, Member] leaves his home or place of work unless it can definitely be shown that:

1. The delay was caused by conditions beyond the control of [the Insured Person]; or
2. More time was needed for normal direct commuting.

[Other] exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[[COBRA] INSURANCE CONTINUATION EXPENSE BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if a surviving Spouse [or surviving Eligible Domestic Partner] [or a surviving Dependent Child] [and had Family Coverage] elects to continue group medical [and/or dental] [and vision insurance] provided by [the Employer] of [the Insured Person] who died and benefits were payable under this Policy, subject to all applicable conditions and exclusions if each of the following conditions is satisfied:

1. [the Insured Person's] death results directly and independently of all other causes from a [Covered Loss];
2. [the Insured Person] is survived by a Spouse [or surviving Eligible Domestic Partner] [or Dependent Child];
3. a Spouse [or surviving Eligible Domestic Partner] [or Dependent Child] is also covered under a medical [or dental] [or vision] plan sponsored by [the Insured Person's Employer] at the time of his death;
4. [a Spouse [or surviving Eligible Domestic Partner] [or Dependent Child] notifies the Company of his election, within [60 days] of [the Insured Person's] death, to continue his existing coverage under group insurance plans sponsored by [the Employer, the Subscriber] as permitted by state or federal continuation law.

This benefit, payable annually, equals premiums required to continue insurance described above, as long as the total of Insurance Continuation Benefits paid for a surviving Spouse [or surviving Eligible Domestic Partner] [and Dependent Children] does not exceed the Benefit Amount shown in the *Schedule of Benefits*. The benefit will be paid at the end of each year during which medical [and/or dental] [and/or Vision] insurance is continued, if the Company receives the request for reimbursement and proof of premiums paid during that year. Benefits will continue to be paid until the earliest of the following dates:

1. the date a surviving Spouse [or surviving Eligible Domestic Partner] [or surviving Dependent Child] is no longer eligible to continue medical [and/or dental] insurance coverage;
2. the date Insurance Continuation Expense Benefits paid total Benefit Amount shown in the *Schedule of Benefits*; and
3. the end of the Maximum Benefit Period.

Benefits are payable to [the surviving Spouse [or surviving Eligible Domestic Partner]], or the person who actually paid the premium on [the surviving Spouse [or surviving Eligible Domestic Partner]'s] behalf, if other than [the surviving Spouse [or surviving Eligible Domestic Partner]].

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[COMA BENEFIT

The Company will pay the Coma Benefit shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person] [or Insured Dependent] suffers a [Covered Loss] [or Emergency Sickness] and becomes Comatose [and the Coma continues for [10 to 90] consecutive days [within the applicable time period specified in the *Schedule of Benefits*]

(Monthly Benefit Option)

[The Company will pay the Coma Monthly Benefit shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person] [or Insured Dependent] becomes Comatose [within the applicable time period specified in the *Schedule of Benefits*] [as a result of an Emergency Sickness or if] or suffers a [Covered Loss] [or Emergency Sickness] that results in Coma that continues for [10 to 90] consecutive

days of the Coma. No benefit is provided for the first 30 days of the Coma. The benefit is payable monthly as long as the [Insured Person] remains Comatose due to the [Covered Loss] under this Policy, but ceases on the earliest of: (1) the date the [Insured Person] ceases to be Comatose due to the [Covered Loss]; (2) the date the [Insured Person] dies; (3) the date the total amount of the monthly Coma benefits calculated equals [12% to 100%] of the Principal Sum. The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the [Insured Person] is Comatose for less than a full month. Only one benefit is provided for any one month of Coma, regardless of the number of injuries causing the Coma.

[The Company reserves the right, at the end of the first [30] days of the Coma and as often as it may reasonably require thereafter, to determine, on the basis of all the facts and circumstances, that the [Insured Person] is Comatose, including, but not limited to, requiring an independent medical examination provided at the expense of the Company]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[COMMON [ACCIDENT] [DISASTER] BENEFIT

The Company will pay the benefit amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] and [his or her Insured Spouse] [Eligible Domestic Partner][and had Family Coverage in effect under the Policy] both suffer accidental death in the same accident [within [30-180] days of the accident] [or from separate accidents occurring within a 24 hour period] such that an Accidental Death benefit is payable under the Policy for both persons.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[CRISIS DEATH BENEFIT

[Not Applicable To Insured Dependents]

The Company will pay Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person's] death results [within the applicable time period specified in the *Schedule of Benefits*], from another person's use of a gun or a knife to commit an act of violence while insurance under this Policy is in effect. Such an act of violence must occur

- [1. during a [Covered Activity]] [Covered Hazard]]. or
- [2. while [the Insured Person] is on the Employer's premises]; [and
3. while [the Insured Person] is performing normal duties of his job during regularly-scheduled work hours].

[The Maximum Benefit Amount shown in the *Schedule of Benefits* will be divided equally among all [Insured Persons] if the benefit payable for each [Insured Person] multiplied by the number of benefits payable for any one [Covered Loss] would exceed that Maximum.]

[Definitions For purposes of this benefit:

Exclusions [Benefits will not be payable if:

- [1. the act of violence occurs while [the Insured Person] is traveling to and from [a [Covered Activity] [Covered Hazard]] or
- [1. the act of violence occurs while [the Insured Person] is traveling to and from his regular place of employment]; [or]
- [2. the act of violence is committed by as Immediate Family Member parent or sibling]; [or]
- [3. [the Insured Person] produces or obtains a gun or a knife during the incident and is killed, whether or not the [Insured Person] is acting in self defense].]

[Other] exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[DIAGNOSIS X-RAY AND LABORATORY BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Insurance*, subject to all conditions and exclusions, if an [Insured Person] [or Insured Dependent] suffers a [Covered Loss] [or Emergency Sickness] that requires him or her to visit a Physician's office or other Outpatient setting, except an emergency room, and

undergo diagnostic x-ray and laboratory tests. [No benefits are payable for routine examinations or for any diagnostic x-ray and laboratory tests for which a benefit is payable elsewhere under the Policy, or for allergy testing.]]

The diagnostic x-ray and laboratory tests must be ordered by or performed by a Physician and be required for the care and treatment of the [Covered Loss] [or Emergency Sickness].

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[DOMESTIC ASSISTANCE BENEFIT

The Company will pay the Benefit Amount, up to maximum number weeks ,shown in the *Schedule of Benefits*, subject to all conditions and exclusions, if an [Insured Person] [or Insured Dependent] suffers a [Covered Loss] that results in the [Loss of a Hand or Foot Limbs (one or more)] [or the Loss of Sight][or Total Disability], the Company will indemnify the [Insured Person] for reasonable expenses necessarily incurred in employing a bona fide domestic services company for domestic assistance provided to the [Insured Person] at their residence.]

[Definitions For purposes of this benefit:

[Loss of a Hand or Foot means complete severance through or above the wrist or ankle joint.

[Loss of Sight means the total, permanent loss of sight of one eye. The loss of sight must be irrecoverable by natural, surgical or artificial means.]]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[ELDER SURVIVOR BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, If an [Insured Person] [Insured Spouse][has Family Coverage in effect under this Policy and]suffers accidental death such that an Accidental Death benefit is payable under the Policy, the Company will pay a benefit to or on behalf of any Elder Dependent of the [Insured Person] [Insured Spouse] on the date of the accident causing the [Insured Person's] death and on the date of the [Insured Person's] death if such Elder Dependent survives after the date of the [Insured Person's] death.

[Definitions For purposes of this benefit:

[Elder Dependent - means the Insured's parent, parent-in-law, grandparent, grandparent-in-law, great-grandparent or great-grandparent-in-law (whether natural, step or adoptive), if that person is primarily dependent on the Insured for support and maintenance.]]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[EMERGENCY ROOM [ACCIDENT TREATMENT] BENEFITS

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person] [Insured Dependent] receives Emergency Treatment for a [Covered Loss] in the Emergency Room or outpatient department of a Hospital, a clinic or Physician's office and such [Insured Person] [Insured Dependent] is not subsequently confined as a resident patient to a Hospital

Emergency treatment must begin within [24-96 hours] of the [Accident] causing the [Covered Loss].

Definitions For purposes of this benefit:

[Emergency Room (Urgent Care Facility) means a unit or part of a Hospital or other specialized health care facility designed for resolving urgent injuries and [Emergency Sickness] care needs.]

[Emergency [Injury] [Accident] Treatment] means medical care and treatment of an [Covered Injury] received in a Hospital emergency room or Outpatient department, a medical clinic or Physician's office.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[EMERGENCY TEAM BENEFIT

[Not applicable to Insured Dependents]

The Company will pay the Benefit Amount shown in the *Schedule of Benefit*, subject to all applicable conditions and exclusions, if [the Insured Person] [Insured Dependent] suffers a [Covered Loss] that occurs when he or she is responding to an Emergency Activity.

For this coverage to be in effect, [the Insured Person] [or Insured Dependent]:

1. [Must be designated [by his Employer] as a contact person assigned to respond to emergency calls as part of his specifically-assigned [job] duties[; and
2. [Must be responding to an emergency call that:
 - a. [occurs outside of his regularly-scheduled work hours; and]
 - b. [requires his skills or supervision];[and
 - c. [requires immediate response in order to prevent loss or interruption of [the Employer's] business.]]

Coverage begins when [the Insured Person] leaves the place where he was when he received notification of the emergency and ends when he returns to that place or to his residence.

Definitions For purposes of this benefit:

Emergency [Team] [Response] means a [Policyholder] [Subscriber's] designated team engaged in rescue or Emergency Activities at the direction of the [Policyholder] [Subscriber]

Emergency Activities means rescue or emergency activities such as, but not limited to:

1. Fire fighting and fire drills
2. any training exercise which simulates an emergency where active participation is required
3. apprehending criminals; protecting the public; oneself or property from imminent peril, and responding to emergency calls
4. Responding to emergency calls or alarms.

Exclusions **Emergency Activities does not include:**

1. non-emergency type of activities such as but not limited to: parades, test or trials of equipment or apparatus ; fund raising;
2. participation in athletic or recreational activities and contests, social activities or entertainment
3. usual or ordinary duties
4. patrolling for traffic control , and Inspection; maintenance, office work; classroom training or other training that does not stimulate an emergency

[Other] Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[ESCALATOR [INFLATION] BENEFIT

[Not applicable to Insured Dependents]

The Company will pay the Benefit Amount shown of *Schedule of Benefits*, subject to all applicable conditions and exclusions, for each [Insured Person] who remains continuously insured under the Policy Benefit Amount will be increased on each anniversary of the [Insured Person's] Effective Date of Coverage under the Policy[that occurs on or after the date this Benefit becomes effective] by a dollar amount equal to the percentage amount of the Principal Sum shown in the *Schedule of Benefit* that was in force on the [Insured Person] on [the later of: (1)] his or her Effective Date of Coverage under the Policy[; or (2) the date this [Escalator] [Inflation] Benefit becomes effective]. The increase will be a simple, not compound, increase. It will be applied for a maximum of [3 - 25] anniversaries, or until the [Insured Person] current Principal Sum has been increased by a total dollar amount

equal to [10 to 100]% of the Principal Sum that was in force on the [Insured Person] on[the later of: (1)] the [Insured Person's] Effective Date[; (2) the date this Benefit becomes effective].

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[EXPOSURE AND DISAPPEARANCE] BENEFIT

[If by reason of an Accident occurring while an [Insured Person's] [Insured Dependent] coverage is in force under this Policy, the [Insured Person] [Insured Dependent] is unavoidably exposed to the elements and as a result of such exposure suffers a [Covered Loss] for which an Accidental Death or Accidental Dismemberment benefit is otherwise payable under the Policy, the [Covered Loss] will be covered under the terms of this Policy.]

[If the body of an [Insured Person] has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a Conveyance in which the person was an occupant while covered under this Policy, then it will be deemed, subject to all other terms and provisions of this Policy, that the [Insured Person] [Insured Dependent] has suffered an Accidental Death that would have been payable under the Policy.]

[Travel or trip must have been authorized in advance by [the Policyholder, Subscriber, and Employer]].

Exclusions Exclusions that apply to this coverage are in the *Common Exclusions* Section.]

[FAMILY EXTENSION BENEFIT

If an [Insured Person] [and Family Coverage is in effect under this Policy] suffers a [Covered Loss] such that an Accidental Death Benefit is payable under the Policy, coverage for his or her [Insured Dependents] will continue under the Policy from the date of the Accident or the date of the Accidental Death and will be continued without premium payment.

Coverage will be continued until the earliest of:

1. the date following [3, 6, 9, 12, 18, 24] months from the date of the [Insured Person's] death;
2. the date the Insured Spouse remarries [(in which case coverage ends for all Insured Dependents)];
- [2.] [3.] the date the Insured Dependent otherwise ceases to be an Eligible Dependent; or
- [3.] [4.] the date the Policy ends.

[In the event an Insured Dependent, whose coverage is being extended under the Family Extension Benefit, suffers a loss for which a benefit is payable under the Policy, the Insured Dependent's Principal Sum will be determined as of the date of the Accident which caused the [Insured Person's] death.]

Definitions For purposes of this benefit:

[Family Coverage] means coverage in force under the Policy on an [Insured Person's] Eligible Dependents: 1) whom the [Insured Person] has elected to cover under the Policy; and (2) for whom premium has been paid.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[FAMILY INCOME BENEFIT

The Company will pay the Family Income Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person] [and the Insured had Family Coverage in effect under the Policy] suffers Accidental Death such that an Accidental Death Benefit is payable under the Policy] on the date of the Accident causing death, the Company will pay a monthly benefit for an [Insured] Dependent who [was insured under the Policy on the date of that accident and] survives after the date of the Insured's death.

The benefit will be payable [to the surviving [Insured] Spouse] [, if any, otherwise] [in equal shares to the surviving [Insured Person] Dependent Children. Only one monthly benefit will be payable regardless of the number of [Insured] Dependents.]

Definitions For purposes of this benefit:

[Family Coverage] means coverage in force under the Policy on an Insured's Persons Eligible Dependents: 1) whom the Insured has elected to cover under the Policy; and (2) for whom premium has been paid.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[FELONIOUS ASSAULT AND [VIOLENT CRIME] [ROBBERY] BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] [Insured Dependent] suffers a [Covered Loss] that occurs during a Felonious Assault or Violent Crime as described below. [A police report detailing the Felonious Assault or Violent Crime must be provided before any benefits will be paid.] [The [Covered Loss] must occur while [the Insured Person] is on the business or premises of [the Employer, Subscriber, Policyholder].]

Definitions For purposes of this benefit:

Felonious Assault means the any willful and unlawful use of force by an individual against the [Insured Person] [Insured Dependent] in connection with the commission, or attempted commission of robbery, theft, kidnapping, hostage taking, hijacking, assault, murder, manslaughter, riot, or insurrection. Such use of force must be a felony or equivalent of a felony under any country, state, territory or local statutory or common law applicable in the jurisdiction where the [Covered Loss] occurs.

Fellow Employee means a person employed by the same Employer as [the Insured Person] or by [an Employer] that is an affiliated or subsidiary corporation. It shall also include any person who was so employed, but whose employment was terminated not more than [45 days] prior to the date on which the defined felonious assault/violent crime was committed.

Member of the Same Household means a person who maintains residence at the same address as [the Insured Person].

Violent crime means violent crime involves force or threat of force and is composed of four offenses: murder and nonnegligent manslaughter, forcible rape, robbery, and aggravated assault.

Exclusions Benefits will not be paid for treatment of any [Covered Loss] incurred during any:

1. Felonious Assault or Violent crime committed by [the Insured Person]; or
2. Felonious Assault or Violent Crime committed upon [the Insured Person] by a Fellow Employee, Immediate Family Member, or Member of the Same Household.

Other exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[HEART AND CIRCULATORY MALFUNCTION BENEFIT [Not applicable to Insured Dependents]

[Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person] suffers a sudden heart and circulatory malfunction and the first symptoms of the malfunction are medically diagnosed while the [Insured Person] is covered under this Policy and within [24-72] hours of a [Covered Activity] [Covered Hazard] [while in the Line of Duty].]

Definitions For purposes of this benefit:

[Line of Duty] means performing the professional responsibilities of a qualified individual for the position the [Insured Person] holds as set forth by the standards of the Policyholder.]

Exclusions [The benefits will not be payable if in the past year, the [Insured Person] was medically diagnosed as having, or received treatment for:

1. a heart or circulatory malfunction ;or
2. hypertension, angina or other heat or circulatory condition.]

Other Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

**[HIJACKING AND AIR PIRACY BENEFIT
[Not applicable to Insured Dependents]**

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] [or Insured Dependent] suffers a [Covered Loss] that occurs during the Hijacking, Air Piracy, or unlawful seizure or attempted seizure of an Aircraft [Common Carrier] [Public Conveyance].

Definitions For purposes of this benefit:

Hijacking and Air piracy means the unlawful seizure or wrongful exercise of control of an aircraft or Conveyance, or the crew therefore, in which the [Insured Person] is traveling as a passenger

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

**[[HIV] OCCUPATIONAL or ASSIGNED DUTIES [VOLUNTEER DUTIES]] ACCIDENT BENEFIT
[Not applicable to Insured Dependents]**

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [the Insured Person] suffers a [Covered Loss] during the performance of [Occupational or Assigned Duties] and result in [the Insured Person] acquiring and testing positive for Human Immunodeficiency Virus (HIV) antibodies within [one year] of the [Covered Loss].

In order to receive this benefit, [the Insured Person] must satisfy all of the following:

1. submit an injury report to his [Employer][Policyholder][Subscriber], [including any report required for purposes of any applicable Workers' Compensation Law,] within [24-96 hours] of a [Covered Loss] that occurs during the performance of [Occupational or Assigned Duties];
2. test negative for Human Immunodeficiency Virus (HIV) antibodies within [24-96 hours] of such [Covered Loss];
3. test positive for Human Immunodeficiency Virus (HIV) antibodies in a subsequent Blood Test within [one year] of the date of the [Covered Loss].

Definitions For purposes of this benefit:

[Occupational Duties] means the performance of duties that are:

1. Normally performed on behalf of [the Policyholder, Subscriber]; and
2. Assisting, caring for or otherwise involved with, sick or injured persons.] or

[Assigned Duties] means performance of duties, whether for pay or on a volunteer basis, that are:

1. Assigned by [the Policyholder, Subscriber]; and
2. Assisting, caring for or otherwise involved with, sick or injured persons.]

HIV means Human Immunodeficiency Virus, a virus that infects lymphocytes and other cells bearing the CD4 marker, the initial infection of which is known as acute retro viral syndrome.

Blood Test means a positive (reactive) Enzyme-linked Immunosorbent Assay (ELISA) test, confirmed by the Western Blot Test, or other tests that may be approved by the Centers for Disease Control and Prevention and accepted by the Company.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

**[HEPATITIS [OCCUPATIONAL or ASSIGNED DUTIES] [VOLUNTEER DUTIES]] ACCIDENT BENEFIT
[Not applicable to Insured Dependents]**

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [the Insured Person] suffers a [Covered Loss]. Such [Covered Loss] must occur during the performance of [Occupational or Assigned Duties] and result in [the Insured Person] acquiring and testing positive for Hepatitis B, Hepatitis C, Hepatitis D within [90-365] days of the date of an Occupational [Assigned Duties] Incident. The benefit is payable if, within [24-96] hours of the [Covered Loss], the [Insured Person]: 1) reports the [Covered Loss] to the Company and the Policyholder in writing; and 2) undergoes a Food and Drug Administration (FDA) approved preliminary screening test for Hepatitis which indicates negativity with respect to the presence of any antibodies or antigens to such disease. The Company must receive written notification of the test results, from the laboratory that performed the test, as soon as reasonably possible.

[If the [Insured Person] tests positive for HIV and Hepatitis B, C or D as a result of the same [Covered Loss], only one benefit amount, the largest, will be paid.]

The Company will not pay for any expenses incurred for testing.

Definitions For purposes of this benefit:

[Occupational Duties] means the performance of duties that are:

1. Normally performed on behalf of [the Policyholder, Subscriber]; and
2. Assisting, caring for or otherwise involved with, sick or injured persons.] or

[Assigned Duties] means performance of duties, whether for pay or on a volunteer basis, that are:

1. Assigned by [the Policyholder, Subscriber]; and
2. Assisting, caring for or otherwise involved with, sick or injured persons.]

[Hepatitis -] means viral hepatitis B, C, and D and does not include Hepatitis A or Hepatitis E.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[HOME ALTERATION AND VEHICLE MODIFICATION] [WHEELCHAIR CONFINEMENT] BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] [or Insured Dependent] suffers a [Covered Loss] [and is confined to a Wheelchair] when all of the following conditions are met:

1. before the date of the [Covered Loss], [the Insured Person] [or Insured Dependent] did not require the use of any adaptive devices or adaptation of residence and/or vehicle;
2. as a direct result of such [Covered Loss], [the Insured Person] [or Insured Dependent] now requires such adaptive devices or adaptation of residence and/or vehicle to maintain an independent lifestyle;
3. [the Insured Person] requires home alteration or vehicle modification within [one year] of the date of the [Covered Loss].

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[HOME INVASION BENEFIT]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] [or Immediate Family Member] is a victim of a Home Invasion and suffers a [Covered Loss].

1. up to the Home Invasion Lost Salary Benefit Amount, shown in the *Schedule of Benefits*, if the [Insured Person] suffers a Lost Salary as a result of the Home Invasion.[Subject to the Deductible Amount]
2. up to the Residential Security Expense Benefit shown in the *Schedule of Benefits*, if the [Insured Person] incurs Residential security expense as a result of the Home Invasion.[Subject to the Deductible Amount]
3. up to the Temporary Relocation Expense Benefit shown in the *Schedule of Benefits*, if the [Insured Person] incurs a temporary Relocation Expense as a result of the Home Invasion. [Subject to the Deductible amount]

Definitions For purposes of this benefit:

[Loss of Salary] means the [Insured Person's] regular wages that are forfeited due to the [Insured Person's] absence from work during the [10-120] days immediately following the Home Invasion. Regular does not include overtime or incentive payments.]

[Residential Security Expense] means the costs incurred for changing the locks or installing security bars, motion sensing lights or a centrally monitored home security system to the [Insured Person's] residence which are incurred within [3-12 month] after the Home Invasion.]

[Temporary Relocation Expenses] means the cost for temporary lodging at a hotel or motel incurred by the [Insured Person] [or] [The Insured Person's Dependent Child or Spouse]

Exclusions [This benefit is not payable for a Home Invasion perpetrated by the [Insured Person] or any Immediate Family Members.]

[Other] exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[HOSPITAL [INDEMNITY] [CONFINEMENT] [STAY] BENEFIT

The Company will pay the Benefit Amount in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] [or Insured Dependent] requires a Hospital [Stay] [Indemnity] [Confinement] due to [a Covered Loss].

The Hospital [Stay] [Indemnity] [Confinement] must meet all of the following:

1. be at the direction and under the care of a Physician;
2. begin within [30 days] of the [Covered Loss];
- [3. begin while [the Insured Person's] insurance coverage is in force under this Policy.]

The benefit will be paid for each day of a continuous Hospital [Indemnity] [Confinement] [Stay] that continues after the end of the Benefit Waiting Period as shown in the *Schedule of Benefits*. [Benefits will be paid retroactively to the first day of the Hospital [Stay] [Indemnity] [Confinement.] [If benefits are calculated on a monthly basis, pro rata payments will be made for confinements of less than one month based on a 30 day month.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[HUNTING ACCIDENT BENEFIT [Not applicable to Insured Dependents]

[Accidental Death Benefit]

The Company will pay the benefit shown in the *Schedule of Benefits*, subject to the following conditions and exclusions, if [the Insured Person's] death results directly and independently of all other causes from a [Covered Loss] that occurs while [the Insured Person] is participating in the Sport of Hunting. Benefits must also be payable under the accidental loss of life benefit provision of this Policy.]

[Hospital Stay Benefit]

The Company will pay the benefits shown in the *Schedule of Benefits*, subject to the following conditions and exclusions, for each day [the Insured Person] requires a Hospital Stay if [the Insured Person] suffers a [Covered Loss] that occurs while [the Insured Person] is participating in the Sport of Hunting.

[The Insured Person] must be confined as an Inpatient:

1. at the direction and under the care of a Physician;
2. within [30 days] of the [Covered Loss];
3. while [the Insured Person's] insurance is in effect;
- [4. while benefits are payable under the Hospital [Indemnity][Confinement][Stay] Benefit provision of this Policy.]

The benefit will be paid for each day of a continuous Hospital Stay that continues after the end of the Benefit Waiting Period as shown in the *Schedule of Benefits*. Benefits will be paid retroactively to the first day of the

Hospital Stay. [If benefits are calculated on a monthly basis, pro rata payments will be made for confinements of less than one month.]]

Definition For purposes of this benefit:

Sport of Hunting means the pursuit of wild birds, fish or other animals with the intent to capture or kill for food or sport and related activities not otherwise excluded below.

Exclusions Benefits will not be paid for a loss caused by or resulting from any of the following:

1. traveling to and from the area where the hunting activity will take place;
2. any activity undertaken that is not reasonably and directly related to the Sport of Hunting;

[INVALIDATION OF LIFE INSURANCE BENEFIT

[Not applicable to Insured Dependents]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if each of the following conditions is satisfied.

1. [The Insured Person's] death [or Covered Loss] resulted, directly and independently of all other causes, from a [Covered Loss] [or an accident that would have been a [Covered Loss] had it not resulted from [war]]; and
2. [The Insured Person] was insured under an individual life insurance policy that provided life insurance, with or without additional [accidental death] or [accidental [death] [and dismemberment]] benefits that were in force on the date of the accident causing his death or [Covered Loss]; and
3. A claim for benefits under that individual policy was denied solely because it excluded loss caused by accidents of the type that resulted in [the Insured Person's] death [or Covered Loss].

The amount of Invalidation of Life Insurance Benefit will equal the lesser of the Maximum Benefit shown in the *Schedule of Benefits* and the sum of the death benefit [, and] any accidental death benefit [and any accidental dismemberment benefits] that would have been paid under [the Insured Person's] individual life insurance policy had the claim for benefits under it not been denied. The Company will require satisfactory proof that the insurer issuing the individual life insurance policy has made a final denial of the claim before the Company will pay any Invalidation of Life Insurance Benefit.

Exclusions The Company will not pay an Invalidation of Life Insurance Benefit if [the Insured Person's] individual life insurance policy lapsed or was rescinded for any reason before the date of the [Covered Loss] upon which a claim for this benefit is based

[Other] exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[KIDNAP AND EXTORTION BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person] or [Insured] Dependent[or [Insured]Spouse]] is kidnapped during a [Covered Activity] [Short Trip].

Definitions For purposes of this benefit:

Consultants' Cost means the reasonable and necessary fees and expenses of the consultant's chosen by the Company [Policyholder] to investigate and negotiate the release of the [Insured Person] [or [Insured] Dependent Child or Spouse] which have been incurred in response to a Kidnap or Extortion including but not limited to costs of travel accommodation qualified interpretation communication and Payments to Informants.

Extortion means a threat made directly against the [Insured Person] [or [Insured] Dependent Child or Spouse] by a person or group to kidnap or cause bodily harm to an [Insured Person] [or [Insured] Dependent Child or Spouse] for the purpose of obtaining a Kidnap or Extortion Payment.

Kidnap means the wrongful abduction and detention by a non-family member of an [Insured Person] [or Insured] Dependent Child or Spouse] against their will or by deception by a person or a group for the purpose of obtaining a Kidnap or Extortion Payment as a condition of the release of the [Insured Person] [or [Insured] Dependent Child or Spouse]. A kidnap in which more than one [Insured Person] [or [Insured] Dependent Child or Spouse] is wrongfully abducted or detained shall be considered one kidnap

[KIDNAP AND EXTORTION CONSULTANT EXPENSE BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person] or [Insured] Dependent[or [Insured]Spouse]] is kidnapped during a [Covered Activity] [Short Trip].

Definitions For purposes of this benefit:

Consultants' Cost means the reasonable and necessary fees and expenses of the consultant's chosen by the Company [Policyholder] to investigate and negotiate the release of the [Insured Person] [or [Insured] Dependent Child or Spouse] which have been incurred in response to a Kidnap or Extortion including but not limited to costs of travel accommodation qualified interpretation communication and Payments to Informants.

Extortion means a threat made directly against the [Insured Person] [or [Insured] Dependent Child or Spouse] by a person or group to kidnap or cause bodily harm to an [Insured Person] [or [Insured] Dependent Child or Spouse] for the purpose of obtaining a Kidnap or Extortion Payment.

Kidnap means the wrongful abduction and detention by a non-family member of an [Insured Person] [or Insured] Dependent Child or Spouse] against their will or by deception by a person or a group for the purpose of obtaining a Kidnap or Extortion Payment as a condition of the release of the [Insured Person] [or [Insured] Dependent Child or Spouse]. A kidnap in which more than one [Insured Person] [or [Insured] Dependent Child or Spouse] is wrongfully abducted or detained shall be considered one kidnap.

Kidnap or Extortion Expenses means:

1. reasonable travel and accommodation expenses incurred by the [Insured Person] [or the [Insured] Dependent Child or Spouse]
2. [any payments to informants]
3. [reasonable fees and expenses of an independent public relations consultant incurred with the prior consent of the Company [or Policyholder]
4. [the continued payment of the remuneration that the that [Insured Person] [Insured] Dependent Child or Spouse] received as a salary from the [Insured] prior to being wrongfully abducted or detained for the duration that it is believed that the [Insured Person] [or [Insured] Dependent Child or Spouse]] remains alive or until the release of the [Insured Person] [[Insured] Dependent Child or Spouse] subject to a maximum of [1 to 12 months]
5. [Reasonable fees for independent legal and medical advice incurred by the [Insured Person] or [[Insured] Dependent Child or Spouse] with the prior consent of the Company.]]

Kidnap or Extortion Payment means a consideration paid or promised by the [Insured Person] [or [Insured] Dependent Child or Spouse] or Consultants to a person or group believed to be responsible for Kidnap or Extortion which is necessarily incurred to terminate the Kidnap or Extortion.

[Payments to Informants means reasonable and necessary payments paid or promised by the [Insured Person,] [or [Insured] Dependent Child or Spouse] or Consultants to any person providing information which leads to the arrest of the person or group responsible for the Kidnap or Extortion.]]

Exclusions Exclusions that apply to this coverage are in the *Common Exclusions* Section.]

[LAW ENFORCEMENT BENEFIT

[Not applicable to Insured Dependents]

The Company will pay the Benefit Amount, shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person] suffers a [Covered Loss] while serving in the Line of Duty as a Law Enforcement Officer.

Definitions For purposes of this benefit:

Law Enforcements Officer means any person, duly commissioned by a Public Agency or [Policyholder], who is serving in an official capacity with or without compensation. This includes but is not limited to such duty commissioned police, sheriffs, correction offices, probation officers, parole officer, conservation officers [security guards] [armored car drivers].

Line of Duty means any action that the Law Enforcement Officer is authorized or obligated to perform by law, rule, regulation or condition of employment or service.

Public Agency means the United States of America, any state in the United States the District of Colombia, or a unit of the local government, combination of such states or any department, agency or instrumentality of any of these.

Exclusions

Benefits will not be paid for a loss caused by or resulting from:

1. [injury resulting from the maintenance, repair or cleaning of firearms];[or
2. [Injury sustained in consequence of the illegal use of firearms by the [Insured Person]
3. [Injury not incurred in the Line of Duty.]

[Other] exclusions that apply to this coverage are in the *Common Exclusions* Section.]

[MEDICAL EVACUATION BENEFIT

The Company will pay the Benefit Amount, shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] [or Insured Dependent] suffers a [Covered Loss] [or an Emergency Sickness] that warrants his or her Emergency Evacuation while he or she is outside a [75 mile] radius from his or her current place of primary residence. The Company will pay for Covered Emergency Evacuation Expenses reasonably incurred for all Emergency Evacuations due to all [Covered Losses] from the same Accident or [all Emergency Sicknesses] from the same or related causes]].

The Physician ordering the Emergency Evacuation must certify that the severity of the [Insured Person's] [or Insured Dependent's] [or Traveling Companion's] [Covered Loss] [or Emergency Sickness] warrants his or her Emergency Evacuation. All Transportation arrangements made for the Emergency Evacuation must be by the most direct and economical conveyance and route possible.] All transportation arrangements must be made and approved by [the Company.]]

Definitions For purposes of this benefit:

[Covered Emergency Evacuation Expense(s)] - means an expense that: (1) is charged for a Medically Necessary Emergency Evacuation Service; (2) does not exceed the usual level of charges for similar Transportation, treatment, services or supplies in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.]; or [4. Usual and Customary Expenses]

[[Emergency Evacuation - means, if warranted by the severity of the [Insured Person's]] [or Insured Dependent's] [or Traveling Companion's] [Covered Loss] [or Emergency Sickness]: (1) the[Insured Person's]][or Insured Dependent's] [or Traveling Companion] immediate transportation from the place where he or she suffers a [Covered Loss] [or Emergency Sickness] to the nearest Hospital or other medical facility where appropriate medical treatment can be obtained; (2) the[Insured Person's]][or Insured Dependent's] [or Traveling Companion's] transportation to his or her current place of primary residence to obtain further medical treatment in a hospital or other medical facility or to recover after suffering an [Covered Loss] [or

Emergency Sickness]and being treated at a local Hospital or other medical facility; or (3) both (1) and (2) above. An Emergency Evacuation also includes medical treatment, medical services and medical supplies necessarily received in connection with such transportation.]]

Exclusions Exclusions that apply to this coverage are in the *Common Exclusions* Section.]]

[REPATRIATION BENEFITS

The Company will pay the Benefit Amount, shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person]] [or Insured Dependent] suffers loss of life due to [Covered Loss] [or Emergency Sickness] while outside a [75 mile] radius from his or her current place of primary residence, the Company will pay for covered expenses reasonably incurred to return his or her body to his or her current place of primary residence.

Covered expenses include, but are not limited to, expenses for: (1) embalming or cremation; (2) the most economical coffins or receptacles adequate for transportation of the remains; and (3) transportation of the remains by the most direct and economical conveyance and route possible.]]]; or] [4. Usual and Customary Expenses]

[The Company] must make all arrangements and must authorize all expenses in advance for this benefit to be payable. The Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact [The Company] in advance.]]

Exclusions Exclusions that apply to this coverage are in the *Common Exclusions* Section.]]

[NATURAL DISASTER BENEFIT

The Company will pay a Benefit Amount in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, when the [Insured Person] [or Insured Dependent] suffers one or more [Covered Losses] as a result of an Accident that occurred in the declared disaster area and for which benefits are payable under this Policy as a direct result of a Natural Disaster.

Definitions For purposes of this benefit:

Natural Disaster means a situation or event which overwhelms local capacity, necessitating a request to a national or international level for external assistance.

[Only one benefit is payable for all losses as a result of the same Natural Disaster.]]

Exclusions Exclusions that apply to this coverage are in the *Common Exclusions* Section.]]

[OCCUPATIONAL DISEASE BENEFIT [Not applicable to Insured Dependents]

The Company will pay Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] is diagnosed with an Occupational Disease that results in Total Disability or Death.

Occupational disease means a sickness that results in disability or death, and is caused by exposure to environmental or physical hazards during the course of the Insured Occupational Activities, where:

1. such condition is diagnosed by a physician, and is generally accepted by the National Centers for Disease Control it be a disease caused by such hazards;
2. exposure to such hazards is not an accident but is caused or aggravated by the conditions under which the Insured performs Occupational Services;
3. the insured last day of last exposure to the environmental or physical hazard causing such condition occurs during the Policy period; and
4. Such exposure results directly and independently of all other cause in a [Covered Loss].

Exclusions Exclusions that apply to this coverage are in the *Common Exclusions* Section.]]

[OUTPATIENT CENTER BENEFIT]

The Company will pay the benefit shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] requires treatment of a [Covered Loss] [or Emergency Sickness] in an Ambulatory Surgical Center [or Hospital Outpatient Center].

Definitions For purposes of this benefit:

Hospital Outpatient Center means a facility, licensed as such, that provides Outpatient surgical services. It does not include a Hospital, Physician's or dentist's office, a clinic, or any other such location.

Exclusions Exclusions that apply to this coverage are in the *Common Exclusions* Section.]

[PARALYSIS BENEFIT]

The Company will pay the benefits shown on the *Schedule of Benefits* for that type of paralysis, subject to all conditions and exclusions, if an [Insured Person] suffers a [Covered Loss]. If the [Insured Person] [or Insured Dependent] suffers more than one type of paralysis as a result of the same Accident, only one amount, the largest, will be paid.]

Exclusions Exclusions that apply to this coverage are in the *Common Exclusions* Section.]

[PARENT CARE BENEFIT]

The Company will pay the benefits shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] or [Insured Dependent] [or your Eligible Domestic Partner] suffers a [Covered Loss] resulting in an Accidental Death such that an Accidental Death Benefit is payable under the Policy. The Company will pay up to the Benefit Amount up to the Benefit Maximum for Parent Care, shown in the *Schedule of Benefits* in equal shares to each of Your [Your Spouse] [or Your Eligible Domestic Partner] Dependent Parent. [The Benefit Amount for Parent Care is payable in addition to any other applicable Benefit Amounts.]

Definitions For purposes of this benefit:

Dependent Parent means the Insured's parent(s) or grandparent(s) [or the parent(s) or grandparent(s) of Your Spouse or [Eligible Domestic Partner] who, at the time of a [Covered Loss] [Covered Hazard] is receiving support and care provided by You, [or Your Spouse] [or Eligible Domestic Partner], as evidenced by the United States income tax returns showing such parent as a dependent.

Exclusions Exclusions that apply to this coverage are in the *Common Exclusions* Section.]

[PHYSICAL] [OCCUPATIONAL] [SPEECH] THERAPY BENEFIT

The Company will pay the Benefit Amount as shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person] [or Insured Dependent] requires [Physical, Occupational, and/or Speech] therapy to treat a [Covered Loss]. The Company will pay the benefit subject the following conditions

[Physical, Occupational or Speech] therapy must:

1. be received on an outpatient basis and
2. [commence within 30 days of a Hospital Stay that was for treatment of the same [Covered Loss] and lasted at least five consecutive days]
3. be given by a licensed [Physical, Speech or Occupational] therapist upon the recommendation of the attending physician.

[The Company will only pay for one type of therapy per day.]

Definitions For purposes of this benefit:

Physical therapy means a branch of rehabilitative health care that uses specially designed exercises and equipment to help patients regain or improve their physical abilities.

[Speech Therapy] means the corrective or rehabilitative treatment of physical and/or cognitive deficits/disorders resulting in difficulty with verbal communication. This includes both speech (articulation, intonation, rate, intensity) and language (phonology, morphology, syntax, semantics, pragmatics, both receptive and expressive language, including reading and writing). Depending on the nature and severity of the disorder, common treatments may range from physical strengthening exercises, instructive or repetitive practice and drilling, to the use of audio-visual aids.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[PERMANENT TOTAL DISABILITY BENEFIT

[Not Applicable to the [Insured Person] [70-85] or Older on the date of the [Covered Loss]

[Not applicable to Insured Dependents]]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, to [the Insured Person] whose Total Disability results from a [Covered Loss], and within the time period shown in the *Schedule of Benefits*. To qualify for benefits, [the Insured Person] must remain Totally Disabled during the Benefit Waiting Period shown in the *Schedule of Benefits*, and at the end of the Benefit Waiting Period, must be expected to remain so disabled, as certified by a Physician, for the rest of his life.]

Include the following three paragraphs to replace the first paragraph when no Active Service requirement applies to policy benefits other than PTD.

[[The Insured Person] who is currently employed may be insured for Permanent Total Disability Benefits effective on the date other coverages and benefits provided by this Policy become effective for him. He must be either:

1. [performing his regular duties on a [full time] basis during one of his Employer's scheduled work days, either at one of his Employer's usual places of business or at some other location to which his Employer's business requires him to travel; or
2. [on a scheduled holiday, vacation day or period of Employer-approved paid leave of absence other than sick leave, only if he was performing his regular duties, as described in 1. above, on the preceding scheduled workday.]]

[[The Insured Person] who is not currently employed may be insured for Permanent Total Disability Benefits effective on the date other coverages and benefits provided by this Policy become effective for him. He must not be:

1. An Inpatient in a Hospital or receiving Outpatient care for chemotherapy or radiation therapy; nor
2. Confined at home under the care of a Physician for sickness or injury; nor
3. Totally Disabled.]

The Company will pay Permanent Total Disability Benefits, as shown in the *Schedule of Benefits*, to [the Insured Person] if his Total Disability results, within the time period shown in the *Schedule of Benefits* of, a [Covered Loss]. To qualify for benefits, [the Insured Person] must remain Totally Permanently Disabled during the Benefit Waiting Period shown in the *Schedule of Benefits* and at the end of the Benefit Waiting Period, must be expected to remain so disabled, as certified by a Physician, for the rest of his life.]

(Option 1- single lump sum)

[The Company will pay a single lump sum benefit equal to the Lump Sum Benefit shown in the *Schedule of Benefits* [less any [Accidental Dismemberment] benefit paid for the [Covered Loss] causing the Total Disability].]

(Option 2- monthly benefits)

[The Company will pay monthly benefits as shown in the *Schedule of Benefits* beginning at the end of the Benefit Waiting Period. Monthly benefit payments will be paid until the earliest of the following occurs:

1. [The Insured Person] fails to provide certification by a Physician that he is expected to remain Totally Disabled for the rest of his life; or
2. [The Insured Person] dies; or

3. The total of all Monthly Benefits equals [the Principal Sum less any Accidental Dismemberment benefits paid for [Covered Losses] sustained in the same [Covered Loss]] or [the total of monthly benefits specified in the *Schedule of Benefits*.]

Optional:

[If [the Insured Person] dies before receiving the total of benefits specified in 3. above, a single payment equal to the present value of the remaining payments that would have been paid will be made to his beneficiary.]

(Option 3 - combination of Lump Sum and Monthly Benefits is elected)

[The Company will pay a single lump sum equal to the amount shown in the *Schedule of Benefits* or, if less, the Principal Sum reduced by any [Accidental Dismemberment] benefits paid for the same [Covered Loss].]

[The Company will pay monthly benefits as shown in the *Schedule of Benefits* as long as the total of any [Accidental Dismemberment] benefits, the lump sum benefit and monthly benefits does not exceed the Principal Sum. Monthly benefits will be paid until the earliest of the following occurs:

1. [The Insured Person] fails to provide certification by a Physician that he is expected to remain Totally Disabled for the rest of his life; or
2. [The Insured Person] dies; or
3. The total of all Monthly Benefit Payments, the Lump Sum Benefit and any [Accidental Dismemberment] benefit paid for the same [Covered Loss] equals the Principal Sum.]

Optional:

[If [the Insured Person] dies before receiving the total of benefits specified in 3. above, a single payment equal to the present value of the remaining payments that would have been paid will be made to his beneficiary.]

(Option 3- monthly benefits)

[The Company will pay monthly benefits as shown in the *Schedule of Benefits* beginning at the end of the Benefit Waiting Period. Monthly benefit payments will be paid until the earliest of the following occurs:

1. [The Insured Person] fails to provide certification by a Physician that he is expected to remain Totally Disabled for the rest of his life; or
2. [The Insured Person] dies; or
3. The total of all Monthly Benefits equals [the Principal Sum less any Accidental Dismemberment benefits paid for [Covered Losses] sustained in the same [Covered Loss]] or [the total of monthly benefits specified in the *Schedule of Benefits*.]

Optional:

[If [the Insured Person] dies before receiving the total of benefits specified in 3. above, a single payment equal to the present value of the remaining payments that would have been paid will be made to his beneficiary.]

(Option 4 - monthly benefits with limited benefit period if disability begins on/after age 62)

[The Company will pay monthly benefits as shown in the *Schedule of Benefits* beginning at the end of the Benefit Waiting Period. Monthly benefit payments will be paid until the earliest of the following occurs:

1. [the Insured Person] fails to provide certification by a Physician that he is expected to remain Totally Disabled for the rest of his life; or
2. [the Insured Person] dies; or
3. the end of the benefit period shown in the *Schedule of Benefits*; or
4. the total of all Monthly Benefits equals [the Principal Sum less any Accidental Dismemberment benefits paid for [Covered Losses] sustained in the same [Covered Loss].] or [the total of monthly benefits specified in the *Schedule of Benefits*].

Optional:

[If [the Insured Person] dies before receiving the total of benefits specified in 3. above, a single payment equal to the present value of the remaining payments that would have been paid will be made to his beneficiary.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[PRIVATE PASSENGER BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if and [Insured Person] [or Insured Dependent] suffers a [Covered Loss] while riding as a passenger in, or getting in or out of, a Private Passenger Automobile.

Include if [Accident][Accidental Death] [and Dismemberment] Benefits are not included in the issued policy.
[If [the Insured Person][or Insured Dependent] sustains more than one [Covered Loss] as a result of the same [Covered Loss], benefits will be paid for the [Covered Loss] for which the largest available benefit is payable. If the [Covered Loss] results in death, benefits will only be paid for Accidental Death.]

Exclusions Exclusions that apply to this coverage are in the *Common Exclusions* Section.]

[PROSTHESIS [APPLIANCE] BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person] [or Insured Dependent] suffers a [Covered Loss] that requires use of a Prosthetic [Appliance] Device, [The Company will pay the Prosthesis [Appliance] Benefit when a charge is incurred.] [This benefit is not payable for hearing aids, [wigs], or any dental aids, including false teeth.]]

Definitions For purposes of this benefit:

Prosthetic Device/Prosthesis/Appliance means a removable artificial substitute or replacement of a part of the body. It does not include:

- [dental aids, including false teeth,] [treatment or repair of caps, crowns, braces, bridges, dentures, fillings or other artificial dental devices,]
- [eyeglasses,]
- [cosmetic prosthesis such as hair wigs,]
- [other types of prosthesis devices that are permanently implanted such as artificial hip or tooth,]
- [any experimental prosthesis,]
- [any auditory prosthesis (a device that substitute for or enhances ability to hear).]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[PSYCHOLOGICAL TREATMENT BENEFIT

The Company will pay the Benefit Amount as shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, for mental health counseling to assist [the Insured Person] [or Insured Dependent] in dealing with the [Covered Loss] [Home Invasion] [Child Abduction] [Bomb Scare, Bomb Search, Bomb explosion] [Terrorism] [Law Enforcement Coverage] [Security Evacuations Benefits] [War risk], if the [Insured Person] [or Insured Dependent]:

1. [suffers any one of the [Covered Losses] shown in the [Accident][Accidental Death] [and Dismemberment] Benefit] [Schedule of Benefit][; and]
2. obtains mental health counseling.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

(Applicable to non-contributory coverages)

[REASONABLE ACCOMMODATION AT WORKSITE BENEFIT [Not applicable to Insured Dependents]

The Company will reimburse costs, up to the Maximum Benefit shown in the *Schedule of Benefits*, subject to the following conditions and exclusions, when [the Employer] incurs costs for any worksite change required to enable [the Insured Person] to return to work. [The Insured Employee] must have suffered a [Covered Loss], and be returning to work as soon thereafter as permitted by his Physician.

The benefit payable to [the Policyholder, Employer] is the reimbursement costs of any pre-approved change made to the worksite for each [Insured Person] injured per [Covered Loss], up to the maximum amount specified in the *Schedule of Benefits*.

Reimbursement will be subject to all of the following conditions:

- [1. insurance provided under this Policy must be in force for [the Insured Person] on the date the [Covered Loss] occurs;]
- [2. change to the worksite must be made within [12 months] of the date of the [Covered Loss];]
- [3. there is a reasonable expectation that such change to the worksite will enable [the Insured Person] to return to work;]
- [4. the Company approves any change to the worksite in writing before it is made.]

Benefits will not be payable if:

- [1. there is no cost involved in making any change to the worksite; or]
- [2. any change to the worksite does not meet the standards found in Title I of the Americans with Disabilities Act (ADA).]

The Company will not reimburse the cost of any change to the worksite for which reimbursement is made under more than one policy insuring [the Policyholder, Insured Person] and issued by the Company.

Definitions For purposes of this benefit:

Changes to the worksite means:

- [1. making existing facilities used by [the injured Insured Person, Insured Employee] readily accessible and usable;] and
- [2. job restructuring, reassignment to a vacant position, acquisition or modification of equipment or devices, appropriate adjustment or modification of examinations, training materials or policies, the provision of qualified readers or interpreters, and other similar accommodations for individuals with disabilities resulting from a [Covered Loss].]

Exclusions The exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[RECONSTRUCTIVE SURGERY BENEFIT]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusion if the [Insured Person] [or Insured Dependent] suffers a [Covered Loss] and if a Physician determines Reconstructive Surgery is medically necessary for the treatment of a [Covered Loss].

[The Benefit Amount for Reconstructive Surgery is payable on an excess basis]. [The Company will determine the benefit payable for reconstructive surgery by reducing the amounts already paid or payable by any Other Plan, but in no event will the Company pay more than the Benefit Amount for Reconstructive Surgery shown in the *Schedule of Benefits*.]

[The Benefit Amount for Reconstructive Surgery is payable in addition to any other applicable Benefit Amounts under the policy.]

Definitions For purposes of this benefit:

Physician means [A [United States-] licensed health care provider practicing [in the United States] within the scope of his license and rendering care and treatment to [the Insured Person] [or Insured Dependent] that is appropriate for the condition and locality, and who is not:

1. [the Insured Person];
2. Family Member of either [the Insured Person] or [the Insured Person's] spouse;
3. a person living in [the Insured Person's] household;
4. a person employed or retained by [the Policyholder; Subscriber]; or
5. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.]

Reconstructive Surgery means surgery to rebuild body part. The use of surgery to restore the appearance or use of a damaged body part

Other plan means any other insurance or payment source for medical services but not limited to health coverage.

Exclusions This benefit does not cover elective reconstructive surgeries.

[Other] Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[REHABILITATION BENEFIT]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, when [the Insured Person] [or Insured Dependent] requires Rehabilitation after sustaining a [Covered Loss]

[The Insured Person] must require Rehabilitation within [30 to 730 days or one or two years] after the date of the [Covered Loss].]

Definitions For purposes of this benefit:

Rehabilitation means [medical services, supplies, or treatment, or Hospital confinement (or part of a Hospital confinement)] that satisfies all of the following conditions:

1. Are essential for physical rehabilitation required due to [the Insured Person's] Covered [Loss or Injury]; and
2. Meet generally accepted standards of medical practice; and
3. Are performed under the care, supervision or order of a Physician [. and;]
4. Prepare [the Insured Person] to return to his or any other occupation.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[RELOCATION BENEFIT]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a [Covered Loss] that occurs during Relocation.

This benefit is in effect beginning when [the Insured Person] departs from his prior place of residence, or if later, his prior place of employment and begins travel to his new place of residence or employment. It ceases to be in effect [when [the Insured Person] begins his first full day of employment at his new location. [or, if later, when he arrives at his new place of residence]] [[2-10 days] from the date this coverage began.]

Definitions For purposes of this benefit:

Relocation means a change in [the Insured Person's] assigned place of employment for [the Policyholder, Subscriber, Employer] which necessitates a change of residence, and for which [the Policyholder, Subscriber, Employer] pays travel expenses.

Exclusions [Coverage for this benefit will be in effect during [the Insured Person's] Personal Deviation only if indicated in the *Schedule of Benefits*.]

[Other] exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[SCHEDULED AIR TRAVEL BENEFIT [Not applicable to Insured Dependents]]

The Company will pay the benefits shown in the *Schedule of Benefits*, subject to the conditions and exclusions described below, for any [Covered Loss] that occurs while [the Insured Person] is riding as a passenger in, or getting on or off of, an Aircraft flown by a commercial airline on any scheduled or chartered flight. [Benefits will also be payable for a [Covered Loss] that occurs as the result of [the Insured Person] being struck by any Aircraft while at the airport right before departure or after arrival of a flight which would be covered above.]

Include if [Accident][Accidental Death] [and Dismemberment] Benefits are not included in the issued policy.

[If [the Insured Person] sustains more than one [Covered Loss] as a result of the same Accident, benefits will be paid for the [Covered Loss] for which the largest available benefit is payable. If the [Covered Loss] results in death, benefits will only be paid for Loss of Life.]

Optional; if additional coverage is elected.

[Travel to and From the Airport]—Benefits will also be payable for any of the following if a [Covered Loss] occurs while [the Insured Person]:

1. is riding as a passenger in, or getting in or out of a land vehicle licensed to carry passengers for hire;
2. while traveling to or from the airport;
3. prior to departure or after arrival of a flight which would be covered above.]

Exclusions The exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[SEATBELT [AND AIRBAG] [SAFETY DEVICE] BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, when [the Insured Person's] [or Insured Dependent] death results from a [Covered Loss] while wearing a seatbelt and operating or riding as a passenger in a Private Passenger Automobile. *[if airbag benefit or safety device is included:* An additional benefit is provided if [the Insured Person] [or Insured Dependent] was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).]

Verification of proper use of the seatbelt at the time of the Accident [and that the Supplemental Restraint System properly inflated upon impact] must be a part of an official police report of the Accident or be certified, in writing, by the investigating officer(s) and submitted with [the Insured Person's] [or Insured Dependent] claim to the Company .

[If such certification or police report is not available or it is unclear whether [the Insured Person] was wearing a seatbelt [or positioned in a seat protected by a properly functioning and properly deployed Supplemental Restraint System], [The Company will pay a default benefit shown in the *Schedule of Benefits* to [the Insured Person's] [or Insured Dependent] beneficiary.]

[In the case of a child, seatbelt means a child restraint, as required by state law and approved by the National Highway Traffic Safety Administration, properly secured and being used as recommended by its manufacturer for children of like age and weight at the time of the Accident.]

(If airbag safety device benefit is included)

[Definitions For purposes of this benefit:

Supplemental Restraint System means an airbag that inflates upon impact for added protection to the head and chest areas or a child safety device.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[SPECIAL EDUCATION BENEFIT

The Company will pay the Benefit Amount, up to the Maximum Benefit shown in the *Schedule of Benefits*, for each qualifying Dependent Child [and surviving Spouse] of [the Insured Person][if Family Coverage is in effect] whose death [or Permanent Total Disability] for which an Accidental Death Benefit [or Permanent Total Disability Benefits] [is, are] payable under this Policy. This benefit is subject to the conditions and exclusions described below.

Option I:

[A qualifying Dependent Child must:

1. [Be a full-time student in an accredited school of higher learning beyond the 12th grade level on the date of [the Insured Person's] [Covered Loss]; or [be at the 12th grade level on the date of [the Insured Person's] [Covered Loss] and then become a full-time student at an accredited school of higher learning within [365 days] from the date of the [Covered Loss] and continue his education as a full-time student;] and
2. Continue his education as a full-time student in such accredited school of higher learning; and

3. Incur expenses for tuition, fees, books, room and board, transportation and any other costs payable directly to, or approved and certified by, such school.]

Option II:

[A qualifying Dependent Child must:

1. Begin studies as a full-time student at a school of higher learning before reaching the limiting Age shown in the Dependent Child definition below; and
2. Continue his education as a full-time student; and
3. Incur expenses for tuition, fees, books, room and board, transportation and any other costs payable directly to, or approved and certified by, such school.]

Option III:

[A qualifying surviving Dependent Child must:

1. Begin studies as a full-time student at a school of higher learning before reaching the limiting age shown in the Dependent Child definition below; and
2. Continue his education as a full-time student; and
3. Incur expenses for tuition, fees, books, room and board, transportation and any other costs payable directly to, or approved and certified by, such school.

A qualifying surviving Spouse must:

1. Begin studies in any accredited school for the purpose of retraining or refreshing skills needed for employment within [one year] of the date of [the Insured Person's] [Covered Loss]; and
2. Continue studies in such accredited school; and
3. Incur expenses payable directly to, or approved by, such school.]

(Always include this text)

Payments will be made to each qualifying Dependent Child [or to the child's legal guardian, if the child is a minor] at the end of each year for the number of years shown in the *Schedule of Benefits*. The Company must receive proof satisfactory to the Company of the Dependent Child's enrollment and attendance within [31 days] of the end of each year. The first year for which a Special Education Benefit is payable will begin on the first of the month following the date [the Insured Person] died [or completed the Benefit Waiting Period for Permanent Total Disability benefits], if the surviving Dependent Child was a full-time student on that date in an accredited school of higher learning beyond the 12th grade; otherwise on the date he begins studies in such school. Each succeeding year for which benefits are payable will begin on the date following the end of the preceding year.

[If no Dependent Child qualifies for Special Education Benefits within [730 days] of [the Insured Person's] death [or completion of the Benefit Waiting Period for Permanent Total Disability Benefits], the Company will pay the default benefit shown in the *Schedule of Benefits* to [him if he is Permanently Totally Disabled, or] his beneficiary.]

Include this provision if Option III is elected:

[Payments will be made to the surviving Spouse at the end of each year for the number of years shown in the *Schedule of Benefits*. The Company must receive proof satisfactory to the Company of the Spouse's attendance within [31 days] of the end of each year. The first year for which a Special Education Benefit is payable will begin on the date the surviving Spouse begins studies in an accredited school for the first time following the date [the Insured Person] died [or completed the Benefit Waiting Period for Permanent Total Disability benefits]. Each succeeding year for which benefits are payable will begin on the date following the end of the preceding year.]

[If a surviving Spouse does not qualify for Special Education Benefits within [730 days] of [the Insured Person's] death [or completion of the Benefit Waiting Period for Permanent Total Disability Benefits], the Company will pay the default benefit shown in the *Schedule of Benefits* to [the [Insured Person] if he is Permanently Totally Disabled, or] his beneficiary.]

Definitions For the purposes of this benefit:

Dependent Child means [the Insured Person's] unmarried child who meets the following requirements:

1. A child from [live birth][6 months] to [19 years] old;

2. A child who is [19] or more years old but less than [30] years old, enrolled in a school [as a full-time student] and chiefly dependent on [the Insured Person] for support and maintenance. Coverage will continue during any period between school terms or school years as long as the Company is provided satisfactory proof that he has enrolled for the next following school term or year.
- [3. A child who is [19] or more years old, chiefly dependent on [the Insured Person] for support and maintenance, and incapable of sustaining employment by reason of mental retardation or physical disability and who became so incapacitated prior to the attainment of 19 years of age. Proof of the child's condition and dependence must be submitted to the Company.]

A child, for purposes of this provision, includes [the Insured Person's]:

1. Natural child;
2. Adopted child, beginning on the date of the filing of a petition for adoption, if the Insured applies for coverage within 60 days after the filing of the petition ;
3. Stepchild [who resides with [the Insured Person]], [unless group term life insurance is provided by a non-custodial parent pursuant to a Qualified Domestic Relations Order];
4. [child for whom [the Insured Person] is legal guardian]

[If [the Insured Person] who is the legal guardian of a child is not a step-parent, grandparent, aunt or uncle, then the child must have resided with him for at least [six consecutive months] and intend to reside with him for an indefinite period of time.]

[Spouse] means [the Insured Person's] lawful spouse [who is age [18 years but under Age 90].] [who is a United States citizen or has a permanent Alien Registration Card.] [Except for purposes of determining initial eligibility, the term includes a Spouse who is widowed by [or divorced or legally separated from] [the Insured Person].]]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[SPONSORED EVENT BENEFIT]

The Company will pay Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, when [the Insured Person] [and or Insured Dependent] suffers a [Covered Loss] that occurs while he is participating in or attending a Supervised and Sponsored Activities [Covered Activity] [Covered Hazard].

The [Covered Loss] must take place:

1. [on the premises of the [Policyholder] during normal hours of operation or during scheduled functions;] [or]
2. [on the premises of the [Policyholder] during other periods if attending or participating in a [Covered Activity] [Covered Hazard]
3. [away from the premises of the [Policyholders] while attending or participating in a [Covered Activity] [Covered Hazard] at its scheduled site.]

[The covered under this benefit includes travel without delay, deviation or interruption between home and the site of the [Covered Activity] [Covered Hazard]

Benefits are payable while the [Insured Person] is in a vehicle:

1. [designated or furnished by the Policyholder, operated by properly licensed adult driver who is under the supervision or service of the [Policyholder];[and]
2. [travel time does not exceed [1-24 hours] each way.]

Definitions For purposes of this benefit:

Travel time means the time:

1. to or from home and premises of the [Covered Loss];
2. before the appointed time, and
3. after the [Covered Activity] [Covered Hazard]]]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[SPOUSE RETRAINING BENEFIT]

The Company will pay expenses incurred, as described below, up to the Maximum Benefit shown in the *Schedule of Benefits*, [if the Insured Person had Family Coverage in effect under this Policy] to enable [the Insured Person, Employee's, Member's] Spouse to obtain occupational or educational training needed for employment if [the Insured Person, Employee, Member] dies directly and independently of all other causes from a Covered Accident. An Insured Spouse [Domestic Partner] must have been insured under this Policy on the date of the covered [Insured Person's, Employee's, Member's] death to be eligible for this benefit. This benefit is subject to the conditions and exclusions described below.

This benefit will be payable if [the Insured Person, Employee, and Member] dies within [one year] of a [Covered Loss] and is survived by his Spouse who:

1. enrolls, within [variable; e.g., one to three years] after [the Insured Person, Employee's, Member's] death in any accredited school for the purpose of retraining or refreshing skills needed for employment; and
2. incurs expenses payable directly to, or approved and certified by, such school.

Exclusions The exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[SPOUSE SURVIVOR BENEFIT]

The Company will pay the benefit shown in the *Schedule of Benefits*, [if the Insured Person had Family Coverage in effect under this Policy], subject to the conditions and exclusions described below, if [the Insured Person's, Employee's, Member's] [or Insured Person's, Spouse's [Domestic Partner's]] death results from a [Covered Loss]. Each monthly benefit equals the applicable Total of Monthly Benefits shown in the *Schedule of Benefits* divided by the number of months in the benefit period.

The Surviving Spouse will receive monthly benefits, up to the maximum sum specified in the *Schedule of Benefits*. Payments under this benefit will cease upon the earliest of any of the following:

1. payments have been made for the number of months shown in the *Schedule of Benefits*;
2. the date the Surviving Spouse remarries;
3. the date the Surviving Spouse dies.

The first monthly benefit payment will be due on the first of the month following [the Insured Person's, Employee's, Member's] [or Insured Person's, Spouse's, Domestic Partner's] death, and subsequent benefits will be due on the first of each month thereafter.

[TELECOMMUTERS BENEFITS]

[Not applicable to Insured Dependents]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person] [suffers a [Covered Loss] that occurs while working under a written policyholder approved telecommuting agreement.] The [Covered Loss] must occur while the [Insured Person] is engaged in his or her job during the agreed upon term of the telecommuting agreement.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[TERRORISM [SCARE] BENEFIT]

[Not applicable to Insured Dependents]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a [Covered Loss] that occurs as a direct result of an act of Terrorism.

Definitions For purposes of this benefit:

Terrorism Scare means a premeditated politically motivated hostile or violent act against noncombatants committed by persons not acting on behalf of a sovereign state, or clandestine state agents.

- Exclusions**
1. Benefits will not be paid for [Covered Losses] caused by or resulting from nuclear radiation or release of nuclear energy.]
 2. Benefits will not be paid for [Covered Losses] caused by or resulting from exposure to chemicals, poisons, bacteria or viruses.]
 3. Benefits will be paid for [Covered Losses] only if sustained [on the premises of [the Policyholder, Subscriber] and only] under the following Conditions of Coverage: [any combination of Conditions of Coverage listed in the Schedule of Benefits; for example: [All Coverages provided by this policy; [Business Travel Coverage] and [Relocation Coverage.]] etc.

[Other] exclusions that apply to this benefit are in the *Common Exclusions* Section.]

**[TOTAL DISABILITY [WEEKLY or MONTHLY] INCOME BENEFIT
[Not applicable to Insured Dependents]**

The Company will pay [weekly or monthly] Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, to [the Insured Person] whose Total Disability results from, and within the number of days specified in the *Schedule of Benefits* of, a [Covered Loss]. Disability benefits will begin when a Totally Disabled [Insured Person] satisfies the Benefit Waiting Period shown in the *Schedule of Benefits* and will end on the earliest of the date he/she:

1. dies;
2. is no longer Totally Disabled;
3. fails to provide certification by a Physician that he remains Totally Disabled;
4. is eligible to receive [Accident][Accidental Death] [and Dismemberment] benefits] [Permanent Total Disability benefits] for the same [Covered Loss];
5. reaches the end of the Maximum Benefit Period shown in the *Schedule of Benefits*.

[Weekly or Monthly] Total Disability Benefits are based on [a 7-day week or a 30-day month]. Any Disability Benefit payable for less than a full [week, month] will be pro-rated.

Once [the Insured Person] is eligible to receive Disability Income Benefits, separate periods of Total Disability will be considered one continuous period of Disability if:

1. They result from the same [Covered Loss]; and
2. They are separated by no more than [14] consecutive days.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[VOCATIONAL TRAINING EXPENSE BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] [or] [Dependent Insured] suffers a [Covered Loss] and incurs a Vocational Training Expense related to the vocational training of the [Insured Person] [or] [Dependent Insured]. [In no event will the Company pay more than the Maximum Benefit Amount shown in the *Schedule of Benefits*.]

Definitions For purposes of this benefit:

Gainful Occupation means an occupation, including self employment, that is can be expected to provide and [Insured Person] [or] [Insured Dependent] with an income equal to at least [60%-100%] of the [Insured Person's] [or] [Insured Dependent] monthly earning within twelve (12) months after the [Insured Person's] [or][Insured Dependent] return to work after a disability result from a [Covered Injury].

Vocational Training Expense means the actual cost incurred by the [Insured Person] [or] [Dependent Insured] for tuition, room and board billed by a institution of higher learning for training that is intended to prepare the [Insured Person] [or] Dependent Insured] for work in a Gainful Occupation. Vocational Training Expense includes books and course supplies.

**[WAIVER OF PREMIUM BENEFIT
[Not applicable to Insured Dependents]**

The Company will waive premiums, beginning with those due on and after the end of the Benefit Waiting Period, for [a Insured Person, Insured Employee, Member, Spouse] who: (a) becomes Totally Disabled [within [30 days] of] [after suffering] a Covered Loss that results directly and independently of all other causes from a Covered Accident; and (b) satisfies all of the following conditions:

1. Total Disability must begin before [the Insured Person, Insured Employee's, Member's, Spouse's] [60th] birthday;
2. The company must receive proof satisfactory to the Company that Total Disability was continuous during the Benefit Waiting Period;
3. insurance under this Policy remains in force during the Benefit Waiting Period.

[The Insured Person, Insured Employee, Member] must submit satisfactory proof of continuous Total Disability to the company no more than [three to 12 months] after the date he [became Totally Disabled] [satisfies the Benefit Waiting Period]. Proof of continuing Total Disability must be submitted to the Company during the last [three months] of each year. The Company may have [the Insured Person, Insured Employee, Member, Spouse] examined as often as reasonably necessary while Totally Disabled, but not more than once a year after two years.

The amount of insurance for which premiums will be waived is the amount in force on the date [the Insured person, Insured Employee, Member, Spouse] became Totally Disabled. This amount will be subject to any age reductions applicable during the Benefit Period. Any increases in coverage that would have occurred if [the Insured , Insured Employee, Member, Spouse] were not Totally Disabled will be deferred, as described in the *Deferred Effective Dates* provision of the *Eligibility and Effective Date* section of this Policy.

Premiums will cease to be waived on the earliest of the following dates:

1. the premium due date following the date [the Insured Person, Insured Employee, Member, Spouse] ceases to be Totally Disabled;
2. the date [the Insured person, Insured Employee, Member, Spouse] refuses to be examined or fails to provide required proof of continuing Total Disability;
3. the premium due date following the end of the Benefit Period shown in the *Schedule of Benefits*.

When premiums cease to be waived as described above, insurance provided under this Policy will continue as long as premiums are paid when due.

[[ACCOMMODATIONS] [AND] [TRAVEL TICKET] BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, in the event an [Insured Person] [and/or Insured Dependent] must remain in the locale in which the [Covered [Hazard/Activity]] [Covered Trip] occurred and are unable to use their originally purchased travel tickets due to a [Covered Loss] [or] [Emergency Sickness] [death in the immediate family] [of the Insured Person] [and/or Traveling Companion]. The Company will reimburse the [Insured Person] [and/or Insured Dependent] up to the amount shown in the *Schedule of Benefits* for: [[1]] the reasonable cost of additional accommodation expenses incurred for the [Insured Person] [and/or Traveling Companion] to remain in the locale where the [Insured Person] [and/or Insured Dependent] is/are receiving medical treatment due to the [Covered Loss] [or Emergency Sickness], subject to the daily limit and the maximum amount shown in the *Schedule of Benefits*] [[and 2]] the cost of the economy travel tickets to return to the original point of departure, less any refund on the original tickets.] A Physician must certify that the [Insured Person's] [and/or Insured Dependent's] additional stay is Medically Necessary.

[The Accommodations benefit begins on the first day following the original date the [Insured Person] [and/or Insured Dependent] should have returned to his or her point of departure for the [Covered [Hazard] [Activity] [Covered Trip]. Accommodations mean lodging and or hotel room charges. It does not include hospital stays, transportation, food or incidentals.]

Definitions For purposes of this benefit:

[Covered Trip] means any prepaid tour, trip or vacation:

1. occurring while the insurance is in-force;

2. which includes at least on overnight stay away from the [Insured Person's] primary residence;
3. with a destination that is more than [seventy-five (75)] miles from the [Insured Person's] primary residence.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[EMERGENCY REUNION BENEFIT

[Not applicable to Insured Dependents]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, to have one of the [Insured Person's] Immediate Family Member accompany him or her to the [Insured Person's] [Home Country] [or] [Hospital where the [Insured Person] is confined] if:

1. [the Emergency Medical Evacuation Benefit for a Covered Loss [or Emergency Sickness] is payable to the [Insured Person] under the Policy]; [and]
2. [the Insured Person] is alone outside of his or her Home Country;] [and]
3. [the place of Hospital Confinement is more than [100] miles from the [Insured Person's] Home Country.]

[In addition, the Company will pay the reasonable expenses incurred for lodging and meals for a period not to exceed [1-30] days.]

This benefit will not exceed the [lesser of]:

1. the cost of one[round-trip] economy airfare ticket and other local travel related expenses [or]
2. [the reasonable expenses incurred for lodging and meals of the [Insured Person's] Immediate Family Member for a period of [1-30] days;]
3. the Emergency Reunion Benefit Maximum shown in the *Schedule of Benefits*.

Definitions For purposes of this benefit:

[Home Country means a country from which the [Insured Person] holds a [Non U.S]passport. If the [Insured Person] holds passports from more than one country, the Home Country will be the country declared to in writing as his or her Home Country.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[HOME COUNTRY EMERGENCY BENEFIT

[Not applicable to Insured Dependents]

The Company will pay Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person] obtains medical treatment for a [Covered Loss] [or Emergency Sickness] in his or her Home Country during the course of a [Covered Activity] [Covered Trip] [Covered Hazard] for which a benefit is otherwise payable under the [Accident] [and Emergency Sickness] Medical Expense Benefit.

The coverage begins on the date the [Insured Person] arrives in his or her Home Country and continues for the Maximum Duration of Coverage as shown in the *Schedule of Benefits*. Coverage ends when the [Insured Person] [and/or a Traveling Companion] leaves his or her Home Country.

Coverage with respect to the [Insured Person] must remain continuously in force. This includes while he or she is on vacation and school breaks. [Home Country Emergency Benefit payments are subject to any applicable [Benefit Maximum,] [Deductible] [and/or] [Coinsurance] shown in the *Schedule of Benefits*.]

Definitions For purposes of this benefit:

[Covered Trip means any prepaid tour, trip or vacation:

1. occurring while the insurance is in-force;
2. which includes at least on overnight stay away from the [Insured Person's] primary residence;

3. with a destination that is more than [seventy-five (75)] miles from the [Insured Person's] primary residence.]

[Home Country] means a country from which the [Insured Person] holds a [Non U.S.]passport. If the [Insured Person] holds passports from more than one country, the Home Country will be the country declared to in writing as his or her Home Country]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

**[HOME COUNTRY EXTENSION BENEFIT
[Not applicable to Insured Dependents]**

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person] obtains medical treatment for a [Covered Loss] [or Emergency Sickness] in his or her Home Country during the course of a [Covered Activity] [Covered Trip] [Covered Hazard] for which a benefit is otherwise payable under the [Accident] [and Emergency Sickness] Medical Expense Benefit.

Benefits will be paid for a period of [1-6 month] from the date [the Insured Person] [and/or a Traveling Companion] returns to his or her Home Country. [Home country Extension Benefit payments are subject to any applicable [Benefit Maximum,] [Deductible] [and/or] [Coinsurance] shown in the *Schedule of Benefits.*]

Definitions For purposes of this benefit:

[Covered Trip] means any prepaid tour, trip or vacation:

1. occurring while the insurance is in-force;
2. which includes at least one overnight stay away from the [Insured Person's] primary residence;
3. with a destination that is more than [seventy-five (75)] miles from the [Insured Person's] primary residence.]

[Home Country] means a country from which the [Insured Person] [and/or a Traveling Companion] holds a passport. If the [Insured Person] [and/or a Traveling Companion] holds passports from more than one country, the Home Country will be the country declared to in writing as his or her Home Country]

[Traveling Companion] means an individual or individuals who have made advance arrangements with the [Insured Person] to travel together for all or part of the [Covered Activity] [Covered Trip] [Covered Hazard]. Traveling Companion may include Spouse or Dependent Child.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[PANDEMIC INFLUENZA [VACCINATION] [OR] [EVACUATION] BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person] [and/or [Insured Dependent]] [Traveling Companion] is exposed to a Pandemic Influenza and requires a [vaccination] [or] [evacuation] from a Foreign Country due to the exposure to the Pandemic Influenza virus.

Definitions For purposes of this benefit:

Foreign Country means any state of which a [Insured Person] [and/or Traveling Companion] is not a citizen.

Influenza means a serious disease caused by viruses that infect the respiratory tract.

Pandemic means the worldwide outbreak of a disease in humans in numbers clearly in excess of normal.

Pandemic Influenza is a virulent human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread easily from person to person.
(Designated as pandemic alert level 6 by the World Health Organization (WHO).)

[Traveling Companion] means an individual or individuals who have made advance arrangements with the **[Insured Person]** to travel together for all or part of the **[Covered Activity]** **[Covered Trip]** **[Covered Hazard]**. Traveling Companion may include Spouse or Dependent Child.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[RETURN MINOR CHILD(REN) TRAVEL BENEFIT]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the **[Insured Person]**, age **[18]** or older, is the only person traveling with minor Dependent Children who are under the age of **[18]**, and such **[Insured Person]** suffers a **[Covered Loss]** **[or Emergency Sickness]** and **[must be confined in a Hospital [for at least [12-72] consecutive hours] [or] [the [Insured Person] is medically evacuated to another country] [or to his or her Home Country]]]**. The Company will reimburse the cost of a one way economy **[airfare ticket] [and/or ground transportation ticket]** to return each minor Dependent Child to his or her **[Home Country or country of principal residence]**. **[Benefit payments are subject to any applicable Benefit Maximum shown in the *Schedule of Benefits*.]** All transportation arrangements must be made by the most direct and economical route and conveyance possible and not exceed the usual level of charges for similar transportation in the locality where the expense is incurred. Benefits will not be paid unless all expenses are approved in advance by or **[The Company]**, and services are rendered by **[The Company]**.

Definitions For purposes of this benefit:

[Home Country] means a country from which the Dependent Child holds a **[Non U.S.]** passport. If the Dependent Child holds passports from more than one country, the Home Country will be the country declared to in writing as his or her Home Country.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[SCHEDULED] [AIRCRAFT] [TRAIN] [BUS] [FERRY] TRAVEL BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an **[Insured Person] [or Insured Dependent]** suffers a **[Covered Loss]** for which a benefit is payable under the **[Accident][Accidental Death] [and Dismemberment]** Benefit shown in the *Schedule of Benefits* that occurs while the **[Insured Person] [Insured Dependent]** is riding as a passenger in, or getting on or off of, a **[scheduled Aircraft flown by a commercial airline or chartered airline] [train] [bus] [and/or] [ferry]**.

[Benefits will be payable for a [Covered Loss] that occurs as a result of the [Insured Person] [or Insured Dependent] being struck by any [Aircraft while at the airport before or after arrival of a flight that would have been covered] [train while at a train station before or after the arrival a train that would have been covered] [a bus while at a bus depot before or after the arrival of a bus that would have been covered] [a ferry at the portstation before or after the arrival of a ferry that would have been covered].]

Definitions For purposes of this benefit:

[Aircraft] means a vehicle which:

1. has a valid certificate of airworthiness; and
2. is being flown by a pilot with a valid license to operate the Aircraft.]

[Covered Trip] means any prepaid tour, trip or vacation:

1. occurring while the insurance is in-force;
2. which includes at least one overnight stay away from the **[Insured Person's] nd/or a Traveling Companion's]** primary residence;

3. with a destination that is more than [seventy-five (75)] miles from the [Insured Person's] [and/or a Traveling Companion's] primary residence.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

**[SECURITY EVACUATION BENEFIT
[Not applicable to Insured Dependents]**

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person] requires Security Evacuation as a result of an Occurrence that takes place while the [Insured Person] is traveling outside his or her Home Country. The Company will pay to transport the [Insured Person] to the Nearest Place of Safety. The determination that a Security Evacuation is required must be made by a Designated Security Consultant and all arrangement must be made by [The Company]

Benefit will be payable for eligible expenses up to the Benefit Amount shown in the *Schedule of Benefits*. Benefits will not be payable for Security Evacuation from or to an Excluded Country. Eligible expenses are for Transportation and Related Cost to the Nearest Place of Safety necessary to ensure the [Insured Person's] safety and well being as determined by the Designated Security Consultant. Security Evacuation Benefits are payable only once per Occurrence.

[Benefits will also be payable for the Transportation and Related Cost within [5-30] days of the Security Evacuation to the following locations as chosen by the [Insured Person] :

1. [back to the Host Country if return is safe and permitted;] [or]
2. [the [Insured Person's] [Insured Dependent] Home Country;]
3. [the country where the educational institution that sponsored the [Insured Person's] trip is located].

If after the Security Evacuation is completed, it becomes clear that the [Insured Person] was an active participant in the events that led to an Occurrence, the Company has the right to recover all Transportation and Related Cost for the [Insured Person].

Definitions For purposes of this benefit:

Designated Security Consultant means an employee of a security firm under contract with [The Company] or an [The Company] designated service provider who is experienced in security and measures necessary to ensure the safety of the [Insured Person(s)] in his or her care.

Excluded Country/Countries means the following countries: (*countries to be listed by name here.*) This list may be changed at any time with 30 days advance notice to the Policyholder of the Company's change in its risk exposure for the Security Evacuation Coverage. Any country subject to the administration and enforcement of U.S economic embargoes and trade sanctions by the Office of Foreign Assets Control (OFAC) is a country from which Security Evacuations are not available under this benefit.

Home Country means a country from which the [Insured Person] holds a passport. If the [Insured Person] holds passports from more than one country, the Home Country will be the country declared to in writing as his or her Home Country.

Host Country means the country, other than an Excluded Country, in which the [Insured Person] is traveling while covered under this benefit.

Nearest Place of Safety means a location determined by the Designated Security Consultant where:

1. the [Insured Person]] can be presumed safe from the Occurrence that precipitated [Insured Person's Security Evacuation; and
2. the [Insured Person] has access to Transportation; and
3. the [Insured Person] has availability to temporary lodging, if needed.

Occurrence means any of the following situations in which an [Insured Person] finds him or her self while covered under the Policy:

1. expulsion from a Host Country or being declared persona non grata on a written authority of the recognized government of the Host Country;
2. political or military events involving a Host Country, if the appropriate authorities issue an advisory stating that citizens of the [Insured Person's] Home Country or citizens of the Host Country should leave the Host Country;
3. verified physical attack or a verified threat of physical attack from a third party;

Related Cost means food, lodging and, if necessary, physical protection for the [Insured Person]] during the Transport to the Nearest Place of Safety.

Security Evacuation means the extrication of an [Insured Person] from the Host Country due to an Occurrence which results in the [Insured Person] being placed in imminent danger.

Exclusions [Other than the list of Excluded Countries,]
Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

**[WAR RISK BENEFIT
[Not applicable to Insured Dependents]**

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a [Covered Loss] (but not such act in which the [Insured Person] is an active participant) that occurs during war or an act of war that occur in:

- [1. Designated War Risk Territory(ies) variable; e.g., a specifically described geographic area such as Saudi Arabia, Iran, Serbia]; or
- [2. Designated War Risk Territory(ies) variable; e.g., a generally described geographic area such as worldwide, excluding the United States and its territories and possessions.]; or
- [3 on business travel only]

[The Policyholder, Subscriber] may cancel this war risk coverage at any time by sending written notice to the Company at the Company's home office address. Coverage will be canceled upon receipt of notice or a date specified by [the Policyholder, Subscriber].

The Company may cancel this coverage at any time by providing written notice to [the Policyholder, Subscriber] at least [10 days] prior to termination of this coverage. Any unearned premium will be promptly returned to [the Policyholder, Subscriber].

Definitions For purposes of this benefit:

Designated War Risk Territory(ies) –means [named country(ies) or part(s) of country(ies)]. A Designated War Risk Territory does not include the United States of America [or the Insured Person's country of permanent residence.]

[Changes in Premium. The Company may change the premium rate for the inclusion of War Risk Benefit under this Policy at any time if (1) war risk conditions change in the Designated War Risk Territory(ies); (2) there is a change in which area(s) is (are) defined to be the Designated War Risk Territory(ies); or (3) the Policyholder's exposure to war risk in the Designated War Risk Territory(ies) changes in any way. The Company will give the [Policyholder] [Subscriber] written notice of any change in the premium rate for the inclusion of War Risk Benefit at least [10 to 45 days] in advance of the effective date of the change.]

[Reporting Requirements. The [Policyholder] [Subscriber] agrees to report, in writing, exposure of [Insured Persons] in the Designated War Risk Territory(ies) [monthly] [quarterly] [annually] [on [description of periodic due date]]. The report must include the name of each [Insured Person] exposed, his or her specific itinerary and destination(s) in the Designated War Risk Territory(ies), the effective and termination dates of his or her exposure, and his or her Principal Sum with respect to War Risk Benefit during the period of exposure.]

Changes in Terms and Conditions. The terms and conditions of War Risk Benefit, including but not limited to the definition of the Designated War Risk Territory(ies), may be changed at any time, to reflect conditions that, in the opinion of the Company, constitute a change in the [Policyholder's] Subscriber's] war risk exposure.

[LOGO]

AXIS INSURANCE COMPANY
(An Illinois Company)
[Administrative Address]

GROUP [ACCIDENT] [ACCIDENTAL DEATH] [AND DISMEMBERMENT] MASTER INSURANCE APPLICATION

Application is hereby made for a plan of INSURANCE based on the following statements and representations:
(please attach final approved proposal)

Part 1— [Employer/Policyholder] Information

Name of Applicant _____
(legal name of business entity)

DBA (if applicable) _____

Nature of Business _____ SIC Code _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ Desired Effective Date: _____

Contact Person _____ Title _____

Telephone _____ Fax _____ E-mail _____

Applicant is a: ☐Corporation ☐Partnership ☐Sole Proprietorship ☐Other _____

[Are [Employees] of any affiliate or subsidiary companies to be covered? ☐Yes ☐No
(If yes, please complete the following for each such affiliate/subsidiary. Attach separate sheet if needed.):

Company Name	Address	Total Employees	Nature of Business	SIC Code	NAIC	D&B

]

Part 2—Participants and Eligibility

Persons eligible to be covered under the Policy are:

☐ [Full-time Employees (working at least [20 – 40] hours per week),] [Members in good standing]

☐ Other: _____

provided that a written application/enrollment has been made and the required premium paid in accordance with the terms of the Policy.

[

[Employee] Class	Description of [Employee] Classes
I	[All full-time Employees working more than 30 hours per week]
II	[Managers and Supervisors]
III	
IV	
V	
VI	
VII	
VII	

Any additional classes should be attached on a separate sheet.]

[Dependents of members of these eligible classes may also be eligible, provided the dependent insurance option in this application is elected by the Employer, the Policy's requirements for dependent eligibility and enrollment are met, and the correct premium is paid.]

[Total number of [Employees on payroll][Members] _____ [Full-time _____] [Number eligible for coverage _____]

[WAITING PERIOD:

Initial Group: ☐None ☐_____ Days ☐_____ Months ☐Other_____

New Enrollees: ☐None ☐_____ Days ☐_____ Months ☐Other_____]

[

CONTRIBUTIONS:	Premium Percentage Payable	
[Employee] Class	[Employer/Policyholder]	[Employee]
I	[100] %	[0] %
II	[0] %	[100] %
III	[0] %	[100] %

(If [Employer/Policyholder] pays 100% for any class of participants, all members of that class must be enrolled. Other minimum participation requirements apply.)]

[Part 3—Benefit Options

☐ ***[Accident] [Accidental Death] [and Dismemberment] Insurance for [Employees*]:***

(Select one option from table below for each eligible [Employee] class):

[Option A – Multiples of annual salary rounded to next highest [\$1,000.00]

Option B – Level amount

Option C – Units of Coverage per [\$1,000.00]]

[

[Emp] Class	Option			Option A	Option B	Option C	
	A	B	C	Salary Multiplier Maximum	Level Amount Maximum	Unit Maximum	Maximum Amount
I				[<input type="checkbox"/> 1x <input type="checkbox"/> 2x <input type="checkbox"/> 3x <input type="checkbox"/> 10x] Maximum Amount: \$	\$		\$
II				[<input type="checkbox"/> 1x <input type="checkbox"/> 2x <input type="checkbox"/> 3x <input type="checkbox"/> 10x] Maximum Amount: \$	\$		\$

]

☐ ***Spouse [& Domestic Partner] Option*:***

(Select one option from table below for each eligible Employee class):

[Option A – Percentage of Employee's Principal Sum

Option B – Level amount

Option C – Units of Coverage per [\$1,000.00]]

[

[Emp] Class	Option			Option A	Option B	Option C	
	A	B	C	Percentage of [Employee's] Principal Sum	Level Amount Maximum	Unit Maximum	Maximum Amount
I				%	[\$]	[\$]	[\$]
I				% with Children	[NA]	[NA]	[NA]
I				% without Children	[NA]	[NA]	[NA]
II				%	[\$]	[\$]	[\$]
II				% with Children	[NA]	[NA]	[NA]
II				% without Children	[NA]	[NA]	[NA]
III				%	[\$]	[\$]	[\$]
III				% with Children	[NA]	[NA]	[NA]
III				% without Children	[NA]	[NA]	[NA]

Dependent children Option:

(Select one option from table below for each eligible Employee class):

[Option A – Percentage of Employee's Principal Sum

Option B – Level amount

Option C – Units of Coverage per [\$1,000.00]]

[

[Emp] Class	Option			Option A	Option B	Option C	
	A	B	C	Percentage of [Employee's] Principal Sum	Level Amount Maximum	Unit Maximum	Maximum Amount
I				%	[\$]	[\$]	[\$]
I				% with Spouse	[NA]	[NA]	[NA]
I				% without Spouse	[NA]	[NA]	[NA]
II				%	[\$]	[\$]	[\$]
II				% with Spouse	[NA]	[NA]	[NA]
II				% without Spouse	[NA]	[NA]	[NA]
III				%	[\$]	[\$]	[\$]
III				% with Spouse	[NA]	[NA]	[NA]
III				% without Spouse	[NA]	[NA]	[NA]

]

[* All insurance is subject to age-based reduction schedule:]

[Accident] [Accidental Death] [and Dismemberment] Coverage:

[Armed Forces Coverage: ☐Yes ☐No]

[Civil Unrest Coverage: ☐Yes ☐No]

[Exposure and Disappearance Coverage: ☐Yes ☐No]

[Hijacking and Piracy Coverage: ☐Yes ☐No]

[National Guard and Armed Forces Reserve Coverage: ☐Yes ☐No]

[Owned Aircraft Coverage: ☐Yes ☐No]

[Pilot Coverage: ☐Yes ☐No]

[Terrorism Coverage: ☐Yes ☐No]

[War Risk Coverage: ☐Yes ☐No]

Additional Benefits:

[Accidental Severe Burn and Disfigurement Benefit: ☐Yes ☐No]

[Additional Occupational Benefit: ☐Yes ☐No]

[Aircraft [Owned] [Leased] [Operated] [Or Controlled] Benefit: ☐Yes ☐No]

[Aircraft Pilot [And Crew] [Passengers] Benefit: ☐Yes ☐No]

[Alternative Commuting Benefit: ☐Yes ☐No]

[Ambulance Benefit: ☐Yes ☐No]

[Ambulatory Surgical [And Hospital Outpatient Center] Benefit: ☐Yes ☐No]

[Association Members' Benefit: ☐Yes ☐No]

[Bereavement and Trauma Counseling Benefit: ☐Yes ☐No]

[Bomb Scare, Bomb Search, or Bomb Explosion Benefit: ☐Yes ☐No]

[Bonus Benefit: ☐Yes ☐No]

[Brain Damage Benefit: ☐Yes ☐No]

[Brain [Damage] [Injury] Activities of Daily Living Benefit: ☐Yes ☐No]

[Brain Death Benefit: ☐Yes ☐No]

[Bulletproof Vest Benefit: ☐Yes ☐No]

[Burial and Cremation Benefit: ☐Yes ☐No]
 [Business Travel Benefit: ☐Yes ☐No]
 [Carjacking Benefit: ☐Yes ☐No]
 [Child(ren)'s Additional Indemnity [Dismemberment] [Paralysis] [Loss Of Use] Benefit: ☐Yes ☐No]
 [Child Care Center Benefit: ☐Yes ☐No]
 [Child Survivor Benefit: ☐Yes ☐No]
 [Civil Unrest Benefit: ☐Yes ☐No]
 [[Cobra] [Insurance Continuation] Expense Benefit: ☐Yes ☐No]
 [Coma Benefit: ☐Yes ☐No]
 [Common [Accident] [Disaster] Benefit: ☐Yes ☐No]
 [Common Carrier [Public Conveyance] Benefit: ☐Yes ☐No]
 [Commuting Benefit: ☐Yes ☐No]
 [Crisis Death Benefit: ☐Yes ☐No]
 [Diagnosis X Ray and Laboratory Benefit: ☐Yes ☐No]
 [Domestic Assistance Benefit: ☐Yes ☐No]
 [Elder Survivor Benefit: ☐Yes ☐No]
 [Emergency Room [Accident Treatment] Benefit: ☐Yes ☐No]
 [Emergency Team Benefit: ☐Yes ☐No]
 [Escalator [Inflation] Benefit: ☐Yes ☐No]
 [Exposure and Disappearance Benefit: ☐Yes ☐No]
 [Family Extension Benefit: ☐Yes ☐No]
 [Family Income Benefit: ☐Yes ☐No]
 [Felonious Assault [and Violent Crime] [Robbery] Benefit: ☐Yes ☐No]
 [Heart and Circulatory Malfunction: ☐Yes ☐No]
 [Hijacking and Air Piracy Benefit: ☐Yes ☐No]
 [[HIV] [HEP] [Occupational or Assigned Duties] [Volunteer Duties]] Accident Benefit: ☐Yes ☐No]
 [Home Alteration and Vehicle Modification Benefit: ☐Yes ☐No]
 [Home Invasion Benefit: ☐Yes ☐No]
 [Hospital [Indemnity] [Confinement] [Stay] Benefit: ☐Yes ☐No]
 [Hunting Accident Benefit: ☐Yes ☐No]
 [Invalidation of Life Insurance Benefit: ☐Yes ☐No]
 [Kidnap and Extortion Benefit: ☐Yes ☐No]
 [Kidnap and Extortion Consultant Expense Benefit: ☐Yes ☐No]
 [Law Enforcement Benefit: ☐Yes ☐No]
 [[Medical Evacuation] [Repatriation] Benefit: ☐Yes ☐No]
 [Natural Disaster Benefit: ☐Yes ☐No]
 [Occupational Disease Coverage: ☐Yes ☐No]
 [Paralysis Benefit: ☐Yes ☐No]
 [Parent Care Benefit: ☐Yes ☐No]
 [[Physical] [Occupational] [Speech] Therapy Benefit: ☐Yes ☐No]
 [Permanent Total Disability Benefit: ☐Yes ☐No]
 [Private Passenger Benefit: ☐Yes ☐No]
 [Prosthesis [Appliance] Benefit: ☐Yes ☐No]
 [Psychological Treatment Benefit: ☐Yes ☐No]
 [Reasonable Accommodation at Worksite Expense Benefit: ☐Yes ☐No]
 [Reconstructive Surgery Benefit: ☐Yes ☐No]
 [Rehabilitation Benefit: ☐Yes ☐No]
 [Relocation Benefit: ☐Yes ☐No]
 [Scheduled Air Travel Benefit: ☐Yes ☐No]

[Seatbelt [and Airbag] [Safety Device] Benefit: ☐Yes ☐No]
 [Special Education Benefit: ☐Yes ☐No]
 [Sponsored Event Benefit: ☐Yes ☐No]
 [Spouse Retraining Benefit: ☐Yes ☐No]
 [Spouse Survivor Benefit: ☐Yes ☐No]
 [Telecommuters Benefits: ☐Yes ☐No]
 [Terrorism [Scare] Benefit: ☐Yes ☐No]
 [Total Disability [Weekly or Monthly] Income Benefit: ☐Yes ☐No]
 [Vocational Training Expense Benefit: ☐Yes ☐No]
 [[Accommodations] [And] [Travel Ticket] Benefit: ☐Yes ☐No]
 [Emergency Reunion Benefit: ☐Yes ☐No]
 [Home Country Emergency Benefit: ☐Yes ☐No]
 [Home Country Extension Benefit: ☐Yes ☐No]
 [Pandemic Influenza [Vaccination] [Evacuation] Benefit: ☐Yes ☐No]
 [Return Minor Child(ren) Travel Benefit: ☐Yes ☐No]
 [Scheduled [Aircraft] [Train] [Bus] [Ferry] Travel Benefit: ☐Yes ☐No]
 [Security Evacuation Benefit: ☐Yes ☐No]
 [War Risk Benefit: ☐Yes ☐No]
 [Waiver of Premium Benefit: ☐Yes ☐No]

[Part 4—Premiums]

[It is hereby agreed and understood that the premium rate per \$_____ of Principal Sum is as follows for each class described above:

[Premium Amount:	[\$XXXXXXXXXX] per year, per annual]]
[Employee] [Member] Only Coverage	_____ per _____]
[Employee] [Domestic Partner plus Spouse] [Domestic Partner]	_____ per _____]
[Employee plus Child(ren)	_____ per _____]
[Family Coverage	_____ per _____]]
[[Spouse] [Domestic Partner] only	_____ per _____]
[Dependent Child(ren)]] Only	_____ per _____]]

Rate Guarantee	[_____] years
]

Part 5—Disclosures; Applicant's Acceptance of Terms

Any insurance provided pursuant to this Application shall be subject to all terms and conditions of the Policy issued. It is understood and agreed that only officers of the Company—*not your insurance broker*—are authorized to change, enlarge, vary or waive any requirements of the Policy. No such change, enlargement, variance or waiver shall be valid unless made a part of the Policy by amendment or other written agreement.

If any [Employee] (or Spouse [and Domestic Partner] or Dependent if such coverage is elected) is not in Active Service on the date his coverage is scheduled to become effective, his coverage shall not take effect until he returns to Active Service.

Applicant understands that any insurance provided shall take effect on the effective date approved by the Company, and that Applicant should not cancel any predecessor policy or plan until notified by the Company that this Application has been approved.

[Where required by state, Fraud Warning will be inserted before signature line. See Fraud Warning Important Notice sheet attached.]

Dated at _____ (city, state) on _____ (date)

(Printed or typed name of Applicant's Authorized Representative)

Authorized Signature of Applicant

Title

(Printed or typed name of Spouse [or Domestic Partner])

Signature of Spouse [or Domestic Partner]

[

Signed by Licensed Broker/Agent
(Where required by Law)

License number

]

Important Notice

- ❖ ***For residents of Arkansas, Louisiana and West Virginia:*** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For residents of Colorado:*** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- ❖ ***For residents of the District of Columbia: WARNING:*** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- ❖ ***For residents of Florida:*** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- ❖ ***For residents of Kentucky:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- ❖ ***For residents of Maine, Tennessee, Virginia and Washington:***
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- ❖ ***For residents of Maryland:*** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For residents of New Jersey:*** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- ❖ ***For residents of New Mexico:*** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
- ❖ ***For residents of New York:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- ❖ ***For residents of Ohio:*** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- ❖ ***For residents of Oklahoma: WARNING:*** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- ❖ ***For residents of Pennsylvania:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

[LOGO]

**GROUP ACCIDENTAL [DEATH] [AND DEISMEMBERMENT]
[POLICY][CERTIFICATE]
AMENDMENT**

Underwritten by:
AXIS INSURANCE COMPANY
[11680 Great Oaks Way, Suite 500, Alpharetta, GA 30022]3
A Stock Company
(Herein called the Company)

[THIS AMENDMENT FORM IS BEING FILED AS VARIABLE IN ITS ENTIRETY, BUT ONLY FOR THE PURPOSE OF AMENDING OR RENEWING THE POLICY WITHIN THE PARAMETERS OF FILED VARIABLES. THIS ILLUSTRATES A BENEFIT CHANGE]

This Amendment is attached to and made part of the Policy effective [Month Day, Year] at 12:01 AM, Standard Time. Any changes in coverage apply only with respect to Covered Losses that occur on or after that date. Any changes in premium apply as of the first premium due date on or after the effective date of this Amendment.

This Amendment expires concurrently with the Policy and is subject to all of the provisions, limitations and conditions of the Policy except as they are specifically modified by this Amendment.

The President and Secretary of AXIS Insurance Company witness this Amendment:

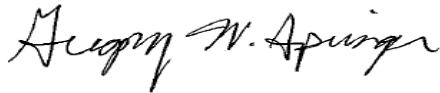
[



]

Secretary

[



]

President

<i>SERFF Tracking Number:</i>	<i>AXSS-126405981</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>AXIS Insurance Company</i>	<i>State Tracking Number:</i>	<i>44323</i>
<i>Company Tracking Number:</i>	<i>GADD-001-1009-AR</i>		
<i>TOI:</i>	<i>H03G Group Health - Accidental Death & Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death & Dismemberment</i>
<i>Product Name:</i>	<i>GADD AR</i>		
<i>Project Name/Number:</i>	<i>GADD AR/GADD-001-1009-AR</i>		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	12/15/2009

Comments:

Flesch Certification, Consumer Information Notice, and Compliance Certification are attached. Arkansas Guaranty Association Notice to Policyholder is also attached.

Attachments:

Readability Certification AR.pdf
 AR Compliance certifications.pdf
 AR Guaranty Association.pdf

	Item Status:	Status
		Date:
Satisfied - Item: Application	Approved-Closed	12/15/2009

Comments:

Application form is attached below as well as under Form Schedule Tab.

Attachment:

GADD 003 1009 (Application).pdf

	Item Status:	Status
		Date:
Satisfied - Item: Statement of Variables	Approved-Closed	12/15/2009

Comments:

Statement of Variables is attached.

Attachment:

Group ADD Statement of Variability-FINAL.pdf

	Item Status:	Status
		Date:
Satisfied - Item: Cover Letter	Approved-Closed	12/15/2009

Comments:

Cover Letter is attached.

<i>SERFF Tracking Number:</i>	<i>AXSS-126405981</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>AXIS Insurance Company</i>	<i>State Tracking Number:</i>	<i>44323</i>
<i>Company Tracking Number:</i>	<i>GADD-001-1009-AR</i>		
<i>TOI:</i>	<i>H03G Group Health - Accidental Death & Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death & Dismemberment</i>
<i>Product Name:</i>	<i>GADD AR</i>		
<i>Project Name/Number:</i>	<i>GADD AR/GADD-001-1009-AR</i>		

Attachment:

GADD-cover letter 121409.pdf

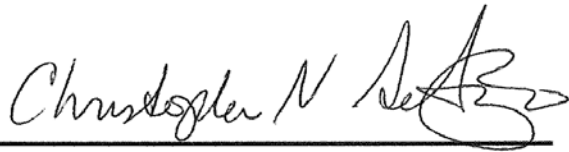
READABILITY CERTIFICATION

To Whom It May Concern:

This is to certify that the attached forms achieved a Flesch Reading Ease Score and are in compliance with applicable laws and regulations as follows:

Form #	Title	Flesch Score
GADD-001-1009-AR	Group AD&D	49
GADD-002-1009-AR	Group AD&D Certificate	50
GADD-003-1009	Group AD&D Master Application	44
GADD-004-1009	Group AD&D Amendment	72

Axis Insurance Company



Christopher N. DiSipio
Senior Vice President

October 29, 2009

Date

Axis Insurance Company

100 Overlook Center

2nd Floor

Princeton, NJ 08540

**UNFAIR SEX DISCRIMINATION
CERTIFICATE OF COMPLIANCE**

I certify that the attached submission meets the provisions of AR ADC 054 00 019
Section 10B, as well as all applicable requirements of the Arkansas Insurance
Department.

Mary F. Swell

Dated: 12/08/09

Axis Insurance Company

100 Overlook Center
2nd Floor
Princeton, NJ 08540

CERTIFICATE OF COMPLIANCE

I certify that the attached submission meets the provisions of Rule 19 as well as all applicable requirements of the Arkansas Insurance Department.

Mary F. Duce

Dated: 12/08/09

ARKANSAS NOTICE TO POLICYHOLDERS

APPENDIX "A"

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
425 West Capitol Avenue, Suite 3700
Little Rock, AR 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net

cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1, 000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

[LOGO]

AXIS INSURANCE COMPANY
(An Illinois Company)
[Administrative Address]

GROUP [ACCIDENT] [ACCIDENTAL DEATH] [AND DISMEMBERMENT] MASTER INSURANCE APPLICATION

Application is hereby made for a plan of INSURANCE based on the following statements and representations:
(please attach final approved proposal)

Part 1— [Employer/Policyholder] Information

Name of Applicant _____
(legal name of business entity)

DBA (if applicable) _____

Nature of Business _____ SIC Code _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ Desired Effective Date: _____

Contact Person _____ Title _____

Telephone _____ Fax _____ E-mail _____

Applicant is a: ☐Corporation ☐Partnership ☐Sole Proprietorship ☐Other _____

[Are [Employees] of any affiliate or subsidiary companies to be covered? ☐Yes ☐No
(If yes, please complete the following for each such affiliate/subsidiary. Attach separate sheet if needed.):

Company Name	Address	Total Employees	Nature of Business	SIC Code	NAIC	D&B

]

Part 2—Participants and Eligibility

Persons eligible to be covered under the Policy are:

☐ [Full-time Employees (working at least [20 – 40] hours per week),] [Members in good standing]

☐ Other: _____

provided that a written application/enrollment has been made and the required premium paid in accordance with the terms of the Policy.

[

[Employee] Class	Description of [Employee] Classes
I	[All full-time Employees working more than 30 hours per week]
II	[Managers and Supervisors]
III	
IV	
V	
VI	
VII	
VII	

Any additional classes should be attached on a separate sheet.]

[Dependents of members of these eligible classes may also be eligible, provided the dependent insurance option in this application is elected by the Employer, the Policy's requirements for dependent eligibility and enrollment are met, and the correct premium is paid.]

[Total number of [Employees on payroll][Members] _____ [Full-time _____] [Number eligible for coverage _____]

[WAITING PERIOD:

Initial Group: ☐None ☐_____ Days ☐_____ Months ☐Other _____
New Enrollees: ☐None ☐_____ Days ☐_____ Months ☐Other _____]

[

CONTRIBUTIONS:	Premium Percentage Payable	
[Employee] Class	[Employer/Policyholder]	[Employee]
I	[100] %	[0] %
II	[0] %	[100] %
III	[0] %	[100] %

(If [Employer/Policyholder] pays 100% for any class of participants, all members of that class must be enrolled. Other minimum participation requirements apply.)]

[Part 3—Benefit Options

☐ **[Accident] [Accidental Death] [and Dismemberment] Insurance for [Employees*]:**

(Select one option from table below for each eligible [Employee] class):

[Option A – Multiples of annual salary rounded to next highest [\$1,000.00]

Option B – Level amount

Option C – Units of Coverage per [\$1,000.00]]

[

[Emp] Class	Option			Option A	Option B	Option C	
	A	B	C	Salary Multiplier Maximum	Level Amount Maximum	Unit Maximum	Maximum Amount
I				[<input type="checkbox"/> 1x <input type="checkbox"/> 2x <input type="checkbox"/> 3x <input type="checkbox"/> 10x] Maximum Amount: \$	\$		\$
II				[<input type="checkbox"/> 1x <input type="checkbox"/> 2x <input type="checkbox"/> 3x <input type="checkbox"/> 10x] Maximum Amount: \$	\$		\$

]

☐ **Spouse [& Domestic Partner] Option*:**

(Select one option from table below for each eligible Employee class):

[Option A – Percentage of Employee's Principal Sum

Option B – Level amount

Option C – Units of Coverage per [\$1,000.00]]

[

[Emp] Class	Option			Option A	Option B	Option C	
	A	B	C	Percentage of [Employee's] Principal Sum	Level Amount Maximum	Unit Maximum	Maximum Amount
I				%	[\$]	[\$]	[\$]
I				% with Children	[NA]	[NA]	[NA]
I				% without Children	[NA]	[NA]	[NA]
II				%	[\$]	[\$]	[\$]
II				% with Children	[NA]	[NA]	[NA]
II				% without Children	[NA]	[NA]	[NA]
III				%	[\$]	[\$]	[\$]
III				% with Children	[NA]	[NA]	[NA]
III				% without Children	[NA]	[NA]	[NA]

Dependent children Option:

(Select one option from table below for each eligible Employee class):

[Option A – Percentage of Employee's Principal Sum

Option B – Level amount

Option C – Units of Coverage per [\$1,000.00]]

[

[Emp] Class	Option			Option A	Option B	Option C	
	A	B	C	Percentage of [Employee's] Principal Sum	Level Amount Maximum	Unit Maximum	Maximum Amount
I				%	[\$]	[\$]	[\$]
I				% with Spouse	[NA]	[NA]	[NA]
I				% without Spouse	[NA]	[NA]	[NA]
II				%	[\$]	[\$]	[\$]
II				% with Spouse	[NA]	[NA]	[NA]
II				% without Spouse	[NA]	[NA]	[NA]
III				%	[\$]	[\$]	[\$]
III				% with Spouse	[NA]	[NA]	[NA]
III				% without Spouse	[NA]	[NA]	[NA]

]

[* All insurance is subject to age-based reduction schedule:]

[Accident] [Accidental Death] [and Dismemberment] Coverage:

[Armed Forces Coverage: ☐Yes ☐No]

[Civil Unrest Coverage: ☐Yes ☐No]

[Exposure and Disappearance Coverage: ☐Yes ☐No]

[Hijacking and Piracy Coverage: ☐Yes ☐No]

[National Guard and Armed Forces Reserve Coverage: ☐Yes ☐No]

[Owned Aircraft Coverage: ☐Yes ☐No]

[Pilot Coverage: ☐Yes ☐No]

[Terrorism Coverage: ☐Yes ☐No]

[War Risk Coverage: ☐Yes ☐No]

Additional Benefits:

[Accidental Severe Burn and Disfigurement Benefit: ☐Yes ☐No]

[Additional Occupational Benefit: ☐Yes ☐No]

[Aircraft [Owned] [Leased] [Operated] [Or Controlled] Benefit: ☐Yes ☐No]

[Aircraft Pilot [And Crew] [Passengers] Benefit: ☐Yes ☐No]

[Alternative Commuting Benefit: ☐Yes ☐No]

[Ambulance Benefit: ☐Yes ☐No]

[Ambulatory Surgical [And Hospital Outpatient Center] Benefit: ☐Yes ☐No]

[Association Members' Benefit: ☐Yes ☐No]

[Bereavement and Trauma Counseling Benefit: ☐Yes ☐No]

[Bomb Scare, Bomb Search, or Bomb Explosion Benefit: ☐Yes ☐No]

[Bonus Benefit: ☐Yes ☐No]

[Brain Damage Benefit: ☐Yes ☐No]

[Brain [Damage] [Injury] Activities of Daily Living Benefit: ☐Yes ☐No]

[Brain Death Benefit: ☐Yes ☐No]

[Bulletproof Vest Benefit: ☐Yes ☐No]

[Burial and Cremation Benefit: ☐Yes ☐No]
 [Business Travel Benefit: ☐Yes ☐No]
 [Carjacking Benefit: ☐Yes ☐No]
 [Child(ren)'s Additional Indemnity [Dismemberment] [Paralysis] [Loss Of Use] Benefit: ☐Yes ☐No]
 [Child Care Center Benefit: ☐Yes ☐No]
 [Child Survivor Benefit: ☐Yes ☐No]
 [Civil Unrest Benefit: ☐Yes ☐No]
 [[Cobra] [Insurance Continuation] Expense Benefit: ☐Yes ☐No]
 [Coma Benefit: ☐Yes ☐No]
 [Common [Accident] [Disaster] Benefit: ☐Yes ☐No]
 [Common Carrier [Public Conveyance] Benefit: ☐Yes ☐No]
 [Commuting Benefit: ☐Yes ☐No]
 [Crisis Death Benefit: ☐Yes ☐No]
 [Diagnosis X Ray and Laboratory Benefit: ☐Yes ☐No]
 [Domestic Assistance Benefit: ☐Yes ☐No]
 [Elder Survivor Benefit: ☐Yes ☐No]
 [Emergency Room [Accident Treatment] Benefit: ☐Yes ☐No]
 [Emergency Team Benefit: ☐Yes ☐No]
 [Escalator [Inflation] Benefit: ☐Yes ☐No]
 [Exposure and Disappearance Benefit: ☐Yes ☐No]
 [Family Extension Benefit: ☐Yes ☐No]
 [Family Income Benefit: ☐Yes ☐No]
 [Felonious Assault [and Violent Crime] [Robbery] Benefit: ☐Yes ☐No]
 [Heart and Circulatory Malfunction: ☐Yes ☐No]
 [Hijacking and Air Piracy Benefit: ☐Yes ☐No]
 [[HIV] [HEP] [Occupational or Assigned Duties] [Volunteer Duties]] Accident Benefit: ☐Yes ☐No]
 [Home Alteration and Vehicle Modification Benefit: ☐Yes ☐No]
 [Home Invasion Benefit: ☐Yes ☐No]
 [Hospital [Indemnity] [Confinement] [Stay] Benefit: ☐Yes ☐No]
 [Hunting Accident Benefit: ☐Yes ☐No]
 [Invalidation of Life Insurance Benefit: ☐Yes ☐No]
 [Kidnap and Extortion Benefit: ☐Yes ☐No]
 [Kidnap and Extortion Consultant Expense Benefit: ☐Yes ☐No]
 [Law Enforcement Benefit: ☐Yes ☐No]
 [[Medical Evacuation] [Repatriation] Benefit: ☐Yes ☐No]
 [Natural Disaster Benefit: ☐Yes ☐No]
 [Occupational Disease Coverage: ☐Yes ☐No]
 [Paralysis Benefit: ☐Yes ☐No]
 [Parent Care Benefit: ☐Yes ☐No]
 [[Physical] [Occupational] [Speech] Therapy Benefit: ☐Yes ☐No]
 [Permanent Total Disability Benefit: ☐Yes ☐No]
 [Private Passenger Benefit: ☐Yes ☐No]
 [Prosthesis [Appliance] Benefit: ☐Yes ☐No]
 [Psychological Treatment Benefit: ☐Yes ☐No]
 [Reasonable Accommodation at Worksite Expense Benefit: ☐Yes ☐No]
 [Reconstructive Surgery Benefit: ☐Yes ☐No]
 [Rehabilitation Benefit: ☐Yes ☐No]
 [Relocation Benefit: ☐Yes ☐No]
 [Scheduled Air Travel Benefit: ☐Yes ☐No]

[Seatbelt [and Airbag] [Safety Device] Benefit: ☐Yes ☐No]
 [Special Education Benefit: ☐Yes ☐No]
 [Sponsored Event Benefit: ☐Yes ☐No]
 [Spouse Retraining Benefit: ☐Yes ☐No]
 [Spouse Survivor Benefit: ☐Yes ☐No]
 [Telecommuters Benefits: ☐Yes ☐No]
 [Terrorism [Scare] Benefit: ☐Yes ☐No]
 [Total Disability [Weekly or Monthly] Income Benefit: ☐Yes ☐No]
 [Vocational Training Expense Benefit: ☐Yes ☐No]
 [[Accommodations] [And] [Travel Ticket] Benefit: ☐Yes ☐No]
 [Emergency Reunion Benefit: ☐Yes ☐No]
 [Home Country Emergency Benefit: ☐Yes ☐No]
 [Home Country Extension Benefit: ☐Yes ☐No]
 [Pandemic Influenza [Vaccination] [Evacuation] Benefit: ☐Yes ☐No]
 [Return Minor Child(ren) Travel Benefit: ☐Yes ☐No]
 [Scheduled [Aircraft] [Train] [Bus] [Ferry] Travel Benefit: ☐Yes ☐No]
 [Security Evacuation Benefit: ☐Yes ☐No]
 [War Risk Benefit: ☐Yes ☐No]
 [Waiver of Premium Benefit: ☐Yes ☐No]

[Part 4—Premiums]

[It is hereby agreed and understood that the premium rate per \$_____ of Principal Sum is as follows for each class described above:

[Premium Amount:	[\$XXXXXXXXXX] per year, per annual]]
[Employee] [Member] Only Coverage	_____ per _____]
[Employee] [Domestic Partner plus Spouse] [Domestic Partner]	_____ per _____]
[Employee plus Child(ren)	_____ per _____]
[Family Coverage	_____ per _____]]
[[Spouse] [Domestic Partner] only	_____ per _____]
[Dependent Child(ren)]] Only	_____ per _____]]

Rate Guarantee	[_____] years
]

Part 5—Disclosures; Applicant's Acceptance of Terms

Any insurance provided pursuant to this Application shall be subject to all terms and conditions of the Policy issued. It is understood and agreed that only officers of the Company—*not your insurance broker*—are authorized to change, enlarge, vary or waive any requirements of the Policy. No such change, enlargement, variance or waiver shall be valid unless made a part of the Policy by amendment or other written agreement.

If any [Employee] (or Spouse [and Domestic Partner] or Dependent if such coverage is elected) is not in Active Service on the date his coverage is scheduled to become effective, his coverage shall not take effect until he returns to Active Service.

Applicant understands that any insurance provided shall take effect on the effective date approved by the Company, and that Applicant should not cancel any predecessor policy or plan until notified by the Company that this Application has been approved.

[Where required by state, Fraud Warning will be inserted before signature line. See Fraud Warning Important Notice sheet attached.]

Dated at _____ (city, state) on _____ (date)

(Printed or typed name of Applicant's Authorized Representative)

Authorized Signature of Applicant

Title

(Printed or typed name of Spouse [or Domestic Partner])

Signature of Spouse [or Domestic Partner]

[

Signed by Licensed Broker/Agent
(Where required by Law)

License number

]

Important Notice

- ❖ ***For residents of Arkansas, Louisiana and West Virginia:*** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For residents of Colorado:*** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- ❖ ***For residents of the District of Columbia: WARNING:*** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- ❖ ***For residents of Florida:*** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- ❖ ***For residents of Kentucky:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- ❖ ***For residents of Maine, Tennessee, Virginia and Washington:***
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- ❖ ***For residents of Maryland:*** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For residents of New Jersey:*** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- ❖ ***For residents of New Mexico:*** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
- ❖ ***For residents of New York:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- ❖ ***For residents of Ohio:*** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- ❖ ***For residents of Oklahoma: WARNING:*** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- ❖ ***For residents of Pennsylvania:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

AXIS Insurance Company
STATEMENT OF VARIABLE LANGUAGE
for
GADD-001-1009, et al.

Language that is bracketed in the form is intended to be variable. Below is an explanation of those variables.

GENERAL	<p>Any bracketed material is being filed as variable. Please note, variable information will never be less favorable to an insured than the minimum statutory and regulatory requirements of the state where the policy is issued. Any numeric variables will vary to ranges shown and will comply with minimum statutory/regulatory requirements.</p> <p>Brackets around numbers or alphas in listing, and punctuation/words such as “and/or” in a listing, will be included or deleted as needed in order to make the statement or provision read correctly.</p> <p>In some instances, we have provided comment as to how the provision/language will be used, within the policy itself. Said comment is in parentheses and italics. E.g., a comment may state that the following language will only be included when an insured contributes to premium, and thus is not included when coverage is non-contributory.</p> <p>The product will be marketed to any group typically recognized as eligible for group insurance including but not limited to employers, PEOs, independent contractors, participant groups, volunteer groups, association groups, affinity groups, financial institutions, discretionary groups and out-of-state groups/trusts. The description of eligible classes may vary based on the nature of the group and classes covered. References to members of the group throughout the forms will vary to reflect group-type, e.g., employee, member, participant, etc. Likewise, reference to Insured Person may vary to reflect group type.</p> <p>Reference to Spouse may also include a Same Sex Spouse where same sex marriage is recognized or Domestic Partner where said coverage is allowed by state law. Reference to Domestic Partner may vary to reflect the proper designation allowed by state law, e.g., Partner to a Civil Union.</p> <p>The format may vary according to plan design or policyholder preference; however the relative prominence of provisions will not change. Subject to state readability laws, the print size, style, page size and layout may be modified to reflect various formats including 8.5 x 11 pages, booklets or brochure styles.</p>
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POLICY – GADD-001-1009

Provision/Title	Variable	Description of Variable
FACE PAGE	1	Logo
	2	Title will vary to reflect when policy is either Group Accident, Group Accidental Death, or Group Accidental Death & Dismemberment plan design.
	3	Company address may change
	4	Policyholder – John Doe information
	5	Policy Number - John Doe information
	6	Will reflect premium payment mode.
	7	Policy Effective Date - John Doe information
	8	Policy Anniversary - John Doe information
	9	State of Issue – will reflect state where policy is issued

	10	Secretary – signature will be inserted; name may be revised should corporate officer be removed/replaced
	11	President – signature will be inserted; name may be revised should corporate officer be removed/replaced
PREMIUM [RATE] TABLE		Table will be included or omitted according to plan design.
	1	Premium modes and rates will vary based on plan design/benefits. Rates will vary by case based on plan of benefits Rates per Policyholder, Subscriber, Insured, Employee, Dependent Spouse, Dependent Child(ren) and Family Plan.
	2	Initial Premium Rate Guarantee -varies by case.
	3	Mode of Premium Payment – varies by case. Values are Monthly, Quarterly, Semi-annual, Annual & Nine months.
	4	Premium Due Dates – varies by case. Can be from January 1 to December 31 of any given year.
	5	Initial Premium will vary by case.
	6	Contributions – varies by case. Policyholder: 0% to 100%; Covered Person and/or Employee – 0% to \$100; Split-funded, Employer & Employee each fund a piece from 0% to 100%.
	7	Premiums for War Risk and Aircraft coverage may have separate premiums. These will only be included when such coverage is afforded under the Policy.
PREMIUM PROVISIONS GENERAL PROVISIONS		Provisions shown as variable will be included or omitted according to plan design/benefit structure. Any numeric ranges shown will comply with minimum state statutes or regulations. The range is provided in order to allow for a more favorable time period for the insured person.

CERTIFICATE – GADD-002-1009

FACE PAGE	1	Logo
	2	Title will vary to reflect when policy is either Group Accident, Group Accidental Death, or Group Accidental Death & Dismemberment plan design.
	3	Company address may change
	4	Date Insurance Takes Effect – will be included: (1) when the policy is contributory; (2) when Actively At Work requirement applies to group policyholder to which the insurance is issued.
	5	Sections will be included or omitted when applicable to issuance of the certificate.
	6	Right to Examine Certificate – will be included: when the policy is contributory.
	7	Secretary – signature will be inserted; name may be revised should corporate officer be removed/replaced
	8	President – signature will be inserted; name may be revised should corporate officer be removed/replaced
TABLE OF CONTENTS		Page Numbers will vary.
SCHEDULE OF BENEFITS		The Schedule is variable in its entirety and will reflect plan design. The appropriate language will always appear but the arrangement and formatting may vary. Any language required by statute or regulation will always appear and not be excluded or limited. Description of Policyholder will vary to reflect type of group – i.e., Subscriber, Company, Employer name, Policyholder, etc.
	1	Effective Date – varies by case, it can be any day of the year and is mostly determined by the Policyholder.
	2	Eligible Classes – The description of eligible classes may vary based on the nature of the group and classes covered. References to members of the group throughout the forms may vary, e.g., employee, member, student, participant, etc. There is no limit on the number of classes. If there is more

		than one class eligible under the Policy, a Schedule of Benefits may be presented for each class if benefits, amounts, durations, etc. differ by class.
	3	Waiting Period and Minimum Number of Hours worked will be included or omitted according to plan design, policyholder.
	4	At the option of the policyholder, there may be an open or annual enrollment.
	5	Covered Activities/Hazards, Conditions of Coverage – will be included or omitted according to plan design. E.g., a Policy issued to a Volunteer Fire Department will reference only “Volunteer Fireman’s Coverage” and any conditions applicable to that particular plan design.
	6	Participation Requirements, Percentages - will be included or omitted according to plan design. Will be included when applicable to the group policyholder.
	7	Principal Sum - varies by case for Employee, Member, Participant, Spouse, Dependent Child(ren). Time period within which loss must occur (between 30 to 730 days) will be included or omitted according to plan design. Benefit amounts will vary to ranges shown. Primary Insured benefit amount may be paid as a fixed sum, or a multiple of the insured’s salary. Insured Spouse/Domestic Partner and Insured Dependent Children benefit amount may be paid as a fixed sum or as a percentage of the Primary Insured’s principal sum.
	8	Age Reductions – included or omitted according to plan design; reduction percentage varies by case; age tiers vary by case, range from age 65 to 85 or over, Tiers can range from 1 to 6 tiers
	9	Aggregate Limit of Indemnity - included or omitted according to plan design. The benefits to which the Limit applies may be included or omitted according to plan design. Actual Aggregate Limit of liability ranges from \$25,000 to \$500,000,000.
➤ Accidental Death Benefit		Benefit may be included or omitted according to plan design.
		Principal Sum - varies by case for Employee, Member, Participant, Dependent Spouse, Dependent Child(ren). Time period within which loss must occur (between 30 to 730 days) will be included or omitted according to plan design. Benefit amounts will vary to ranges shown. Primary Insured benefit amount may be paid as a fixed sum, or a multiple of the insured’s salary, subject to a maximum depending on plan design. Insured Spouse/Domestic Partner and Insured Dependent Children benefit amount may be paid as a fixed sum or as a percentage of the Primary Insured’s principal sum.
➤ Accidental Death And Dismemberment Benefit		Benefit may be included or omitted according to plan design.
	1	Principal Sum - varies by case for Employee, Member, Participant, Dependent Spouse, Dependent Child(ren). Benefit amount will vary to range shown. Loss period will be included or omitted according to plan design, and will vary to range shown.
	2	Each Covered Loss listed may be included or omitted according to plan design. The benefit may be a percentage of the principal sum (ranging between 1% - 100%) or a fixed sum (ranging between \$500 and \$50,000,000.)

➤ Additional Accidental Death [and Dismemberment] Coverages		Each Coverage will be included or excluded on a case by case basis [Armed force Coverage] [Civil Unrest Coverage] [Common Carrier] [Exposure and Disappearance Coverage] [Hijacking and Air Piracy Coverage] [National Guard and Armed Forces Reserve Coverage] [Owned Aircraft Coverage] [Pilot Coverage] [Terrorism Coverage] [War Risk Coverage]
➤ Accidental Severe Burn Benefit		Benefit may be included or omitted according to plan design. Percentage of body disfigurement may be paid in one percentage or in multiple classifications of percentage. E.g. (a) if 10% or more is disfigured, benefit is paid; or (b) if 20% to 40%, X is paid; if 40% to 60%, Y is paid; if 60%-100%, Z is paid. The benefit may be a percentage of the principal sum or a fixed sum. Burn classification may vary to first, second, and/or third degree in order for benefit to be paid.
➤ Additional Occupational Benefit ➤ Aircraft [Owned] [Leased] [Operated] [or] Controlled Benefit ➤ Aircraft Pilot And Crew Benefit ➤ Alternative Commuting Benefit		One, several or all benefits may be included or omitted according to plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a fixed sum or as a percentage of the principal sum, and will vary to the ranges shown. Additional Occupational Benefit and Alternative Commuting Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses, and will vary to the ranges shown
➤ Ambulance Benefit		Benefit may be included or omitted according to plan design. The benefit may pay for ground ambulance only, for air ambulance only or for ground and air. The benefit amount will be paid as a fixed sum or as a percentage of the principal sum, and will vary to the ranges shown. The Maximum Number of Trips may be included or omitted according to plan design. The number will vary to the range shown and may be applied on a calendar year, certificate year or policy year basis.
➤ Ambulatory Surgical [and Hospital Outpatient Center] Benefit		Benefit may be included or omitted according to plan design. Further, payment of benefits for Hospital Outpatient Center may be included or omitted according to plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will vary to the range shown.
➤ Association Member's Benefit		Benefit may be included or omitted according to plan design. Benefit amount will be paid as a fixed sum or as a percentage of the principal sum, and will vary to the ranges shown.

➤ Bereavement and Trauma Counseling Benefit		Benefits may be included or omitted according to plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will vary to the range shown. Maximum Number of Sessions and Maximum Benefit per Covered Loss may be included or omitted according to plan design. When included, the amounts will not be more than the amount shown.
➤ Bomb Scare, Bomb Search or Bomb Explosion Benefit		Benefit may be included or omitted according to plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses, and will vary to the ranges shown.
➤ Bonus Benefit		Benefit may be included or omitted according to plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses, and will vary to the ranges shown.
➤ Brain Damage Benefit		Benefit may be included or omitted according to plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a fixed sum or as a percentage of the principal sum, and will vary to the ranges shown. The Maximum Benefit amount may be included or omitted and will vary to the ranges shown
➤ Brain [Damage][Injury] Activities of Daily Living Benefit ➤ Brain Death Benefit		One, several or all benefits may be included or omitted according to plan design. Where shown, benefit may cover brain damage and/or brain injury.
		Loss period and/or Hospitalization period will be included or omitted according to plan design. When included, periods will vary to ranges shown. Benefit amount will be paid as a percentage of the principal sum, and will vary to the range shown. The amount may be subject to a maximum depending on plan design. The maximum amount will vary to the range shown.
➤ Bullet Proof Vest Benefit		Benefit may be included or omitted according to plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses, and will vary to the ranges shown.
➤ Burial and Cremation Benefit		Benefit may be included or omitted according to plan design.
		Benefit amount will vary to range shown.

➤ Business Travel Benefit		Benefit may be included or omitted according to plan design.
		Benefit amount will be paid as a percentage of the principal sum, subject to a maximum depending on plan design, or as a fixed sum.
➤ Carjacking Benefit		Benefit may be included or omitted according to plan design.
		Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses, and will vary to the ranges shown.
➤ Child [ren's] Additional Indemnity [Dismemberment] [Paralysis] [Loss Of Use] Benefit		Benefit may be included or omitted according to plan design. When included the benefit will cover dismemberment, paralysis, and/or loss of use.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown.
		Benefit amount will be paid as a fixed sum or as a percentage of the principal sum shown in the Schedule under the applicable covered benefit, subject to a maximum depending on plan design.
➤ Child Care Center Benefit		Benefit may be included or omitted according to plan design.
		Benefit amount may be a lump sum paid per calendar or policy year, or a percentage of the principal sum.
		The Benefit Period Maximum will be included or omitted according to plan design.
		The Default benefit will be included or omitted according to plan design. This will be a lump sum payment.
➤ Child Survivor Benefit		Benefit may be included or omitted according to plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown.
		Benefit amount will be paid as a percentage of the principal sum, subject to a maximum depending on plan design, or as a fixed sum. Benefit and maximum amounts will vary to the ranges shown.
➤ [COBRA] [Insurance Continuation] Expense Benefit		Benefit may be included or omitted according to plan design. When included the benefit will either pay benefits related to COBRA or to medical, dental and/or vision continuation.
		Benefit amount will be paid as a fixed sum or as a percentage of the principal sum, and will vary to the ranges shown. The benefit amount will be paid per calendar or policy year.
		The Maximum Number of Years will be included or omitted according to plan design, and will vary to the range shown.
➤ Civil Unrest Benefit		Benefit may be included or omitted according to plan design.
		A stand alone may be included or omitted under the Civil Unrest Coverage.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown.
		Benefit amount will be paid as a percentage of the principal sum, subject to a maximum depending on plan design, or as a fixed sum. Benefit amounts

		will vary to the ranges shown.
➤ Coma Benefit		Benefit may be included or omitted according to plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a percentage of the principal sum, subject to a maximum depending on plan design, or as a fixed sum. Benefit and maximum amounts will vary to the ranges shown. The monthly benefit is included or omitted according to plan design and will be paid as shown in the schedule.
➤ Common [Accident][Disaster] Benefit ➤ [Common Carrier][Public Conveyance] Benefit ➤ Commuting Benefit		Benefits may be included or omitted according to plan design. For Common Carrier Benefit, mode of transportation covered may vary depending on plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses, and will vary to the ranges shown.
➤ Crisis Death Benefit		Benefit may be included or omitted according to plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be subject to a maximum depending on plan design. Benefit and maximum amounts will vary to the ranges shown.
➤ Diagnostic X-Ray and Laboratory Benefit		Benefit may be included or omitted according to plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown. The Benefit Maximum will be included or omitted according to plan design, and will vary to the range shown.
➤ Domestic Assistance Benefit		Benefit may be included or omitted according to plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown. The Benefit Maximum Amount and Maximum Benefit Period will be included or omitted according to plan design, and will vary to the range shown.
➤ Elder Survivor Benefit		Benefit may be included or omitted according to plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a percentage of the principal sum, subject to a maximum depending on plan design, or as a fixed sum. Benefit and maximum amounts will vary to the ranges shown.
➤ [Emergency Room][Accident Treatment] Benefit		Benefit may be included or omitted according to plan design.
		Loss period will be included or omitted according to plan design. When

		included, period will vary to range shown. The Maximum number of visits/treatments and the Maximum Benefit Amount will be included or omitted according to plan design, and will vary to the range shown.
➤ Emergency Team Benefit		Benefit may be included or omitted according to plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses, and will vary to the ranges shown.
➤ [Escalator][Inflation] Benefit		Benefit may be included or omitted according to plan design.
		The percentage of increase will vary to the range shown. The frequency of increase will be included or omitted and will vary to the range shown. The Maximum will be included or omitted and will vary to the range shown.
➤ Exposure and Disappearance Benefit		Benefit may be included or omitted according to plan design.
➤ Family Extension Benefit		Benefit may be included or omitted according to plan design.
		The number of months by which the Policy may be extended will vary to the ranges shown.
➤ Family Income Benefit		Benefit may be included or omitted according to plan design.
		Benefit amount will be paid as a fixed sum or as a percentage of the principal sum, and will vary to the ranges shown. The Maximum Benefit Period will be included or omitted and will vary to the range shown.
➤ [Felonious Assault] [and] [Violent Crime][Robbery] Benefit		Benefit may be included or omitted according to plan design. Type of crime covered will vary according to plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses, and will vary to the ranges shown.
➤ Heart and Circulatory Malfunction		Benefit may be included or omitted according to plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a percentage of the principal sum, or as a fixed sum. Amounts will vary to the ranges shown.
➤ Hijacking and Air Piracy		Benefit may be included or omitted according to plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses, and will vary to

		the ranges shown.
➤ [HIV] [Occupational/Assigned][Volunteer] Duties Accident Benefit		Benefit may be included or omitted according to plan design. Benefit may cover HIV and/or on an occupational and/or volunteer basis.
		Benefit amount will be paid as a percentage of the principal sum, subject to a maximum depending on plan design, or as a fixed sum. Benefit may be paid as a monthly benefit and amounts will vary to the ranges shown.
➤ [Hepatitis][Occupational/Assigned][Volunteer] Duties Accident Benefit		Benefit may be included or omitted according to plan design. Benefit may cover Hepatitis on an occupational and/or volunteer basis.
		Benefit amount will be paid as a percentage of the principal sum, subject to a maximum depending on plan design, or as a fixed sum. Benefit may be paid as a monthly benefit and amounts will vary to the ranges shown.
➤ [Home Alteration and Vehicle Modification][Wheelchair Confinement] Benefit		Benefit may be included or omitted according to plan design.
		Benefit amount will be paid as a percentage of the principal sum, subject to a maximum depending on plan design, or as a fixed sum.
➤ Home Invasion Benefit		Benefit may be included or omitted according to plan design.
		Deductible will be included or omitted. When included, amount will vary to range shown.
		The benefit amounts listed may be included or omitted according to plan design, and will vary to the ranges shown.
		Benefit amounts will vary.
		The Maximum Benefit Period and Minimum Preceding Hospital Stay will be included or omitted and will vary to the ranges shown.
➤ Hospital [Indemnity][Confinement][Stay] Benefit		Benefit may be included or omitted according to plan design.
		Benefit amount will vary to range shown and will be paid on a daily, weekly, or monthly basis depending on plan design.
		The Maximum Benefit Period, Hospital Stay Period, and Benefit Waiting Period will be included or omitted and will vary to the ranges shown.
➤ Hunting Accident Benefit		Benefit may be included or omitted according to plan design.
		Accidental Death Benefit may be included or omitted on a case by case basis. When included, amount will vary to range shown.
		Hospital Stay may be included or omitted on a case by case basis. When included, amount will vary to ranges shown.
➤ Invalidation of Life Insurance Benefit		Benefit may be included or omitted according to plan design.
		Maximum Benefit amount will vary.
➤ Kidnap and Extortion Benefit		Benefit may be included or omitted according to plan design.
		Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule under the applicable covered benefit, subject to a maximum depending on plan design.
➤ Kidnap and Extortion Consultant Benefit		Benefit may be included or omitted according to plan design.
		The specified types of coverage will be included or omitted according to plan design, and will vary to ranges shown.

➤ Law Enforcement Benefit		Benefit may be included or omitted according to plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown.
		Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses, and will vary to the ranges shown.
➤ [Medical Evacuation] Benefit		Benefit may be included or omitted according to plan design. Benefit may cover medical evacuation and/or repatriation.
		Benefit amounts will vary to ranges shown.
➤ [Repatriation] Benefit		Benefit may be included or omitted according to plan design. Benefit may cover medical evacuation and/or repatriation.
		Benefit amounts will vary to ranges shown.
➤ Natural Disaster Benefit		Benefit may be included or omitted according to plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown.
		Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses, and will vary to the ranges shown.
➤ Occupational Disease Benefit		Benefit may be included or omitted according to plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown
		Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses, subject to a maximum depending on plan design. Amounts will vary to the ranges shown.
➤ Outpatient Center Benefit		Benefit may be included or omitted according to plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown
		Benefit amounts will will vary to the ranges shown.
➤ Paralysis Benefit		Benefit may be included or omitted according to plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown.
		The types of paralysis covered may be included or omitted according to plan design.
		Benefit amount will be paid as a fixed sum or as a percentage of the Accidental Death Benefit shown in the Schedule, and will vary to the ranges shown.
		The note regarding benefit amounts for spouse or dependents will be included or omitted according to plan design, and will vary to ranges shown.
➤ Parent Care Benefit		Benefit may be included or omitted according to plan design.
		Benefit amounts will vary to ranges shown. Maximum may be included or omitted according to plan design.

➤ Permanent Total Disability Benefit		Benefit may be included or omitted according to plan design.
		Benefit Waiting Period will be included or omitted, and will vary to range shown.
		The benefit will be paid in accordance with the options shown. The amounts will vary to the ranges displayed.
		The Benefit Period associated with option 4, is variable.
➤ Private Passenger Benefit		Benefit may be included or omitted according to plan design.
		Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses, subject to a maximum depending on plan design. Amounts will vary to the ranges shown.
		Benefit amount may be paid in a fixed sum and will vary to range shown.
		Co-pay may be included or omitted according to plan design, and will
➤ [Physical][Occupational][Speech] therapy Benefit		Benefit may be included or omitted according to plan design. Benefit will be paid for Physical, Occupational, and/or Speech Therapy.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown.
		Benefit amount will vary to range shown. The Maximum Number of Visits covered will be included or omitted and will vary to the range shown.
➤ Prosthesis[Appliance] Benefit		Benefit may be included or omitted according to plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown.
		Benefit amount will vary to range shown.
➤ Psychological Treatment Benefit		Benefit may be included or omitted according to plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown.
		Benefit amount will be paid as a percentage of the principal sum, subject to a maximum depending on plan design, or as a fixed sum.
➤ Reasonable Accommodation at Worksite Expense Benefit		Benefit may be included or omitted according to plan design.
		Maximum Benefit amount will vary to ranges shown.
➤ Reconstructive Surgery Benefit		Benefit may be included or omitted according to plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown.
		Benefit amount will be paid as a percentage of the principal sum, subject to a maximum depending on plan design, or as a fixed sum.
➤ Rehabilitation Benefit		Benefit may be included or omitted according to plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown.
		Benefit amount will be paid as a percentage of the principal sum, subject to a maximum depending on plan design, or as a fixed sum.
➤ Relocation Benefit		Benefit may be included or omitted according to plan design.

		<p>Loss period will be included or omitted according to plan design. When included, period will vary to range shown.</p> <p>Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses, subject to a maximum depending on plan design. Amounts will vary to the ranges shown. Household Member benefit will be included or omitted according to plan design. When included, benefit amount will be paid as a percentage of the Insured Person's benefit, subject to a maximum depending on plan design.</p>
➤ Scheduled Air Travel Benefit		<p>Benefit may be included or omitted according to plan design.</p> <p>Stand alone benefit may be included or omitted under the Scheduled Air Travel Benefit.</p>
		Benefit amount will be paid as a percentage of the principal sum.
➤ Seatbelt [and][Airbag][Safety Device] Benefit		Benefit may be included or omitted according to plan design.
		<p>Loss period will be included or omitted according to plan design. When included, period will vary to range shown.</p> <p>Covered benefits will be included or omitted according to plan design. Benefit amounts will be paid as a percentage of the principal sum, subject to a maximum depending on plan design, or as a fixed sum.</p> <p>A default benefit will be included or omitted according to plan design and vary to range shown.</p>
➤ Special Education Benefit		Benefit may be included or omitted according to plan design.
		<p>Covered benefits will be included or omitted according to plan design. Benefit amounts will be paid as a percentage of the principal sum, subject to a maximum depending on plan design, or as a fixed sum. Maximum Number of Annual Payments may be included or omitted and will vary from 1-10 payments.</p> <p>A default benefit will be included or omitted according to plan design and vary to range shown.</p>
➤ Spouse Retraining Benefit		Benefit may be included or omitted according to plan design.
		Benefit amount will be paid as a percentage of the principal sum, subject to a maximum depending on plan design.
➤ Spouse Survivor Benefit		Benefit may be included or omitted according to plan design.
		Benefit amount will be paid as a percentage of the principal sum depending on plan design, or as a fixed sum. Benefit period will vary to ranges shown.
➤ Sponsored Event Benefit		Benefit may be included or omitted according to plan design.
		<p>Loss period will be included or omitted according to plan design. When included, period will vary to range shown.</p> <p>Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses, subject to a maximum depending on plan design. Amounts will vary to the ranges shown.</p>

➤ Telecommuters Benefit		Benefit may be included or omitted according to plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown.
		Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses, subject to a maximum depending on plan design. Amounts will vary to the ranges shown.
➤ Terrorism [Scare] Benefit		Benefit may be included or omitted according to plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown.
		Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses under the applicable covered benefit, subject to a maximum depending on plan design. Amounts will vary to the ranges shown.
➤ Total Disability [Monthly/Weekly] Benefit		Benefit may be included or omitted according to plan design.
		Benefits may be paid on a weekly or monthly basis according to plan design.
		Benefits amounts and periods will vary to ranges shown. Time within which Disability must begin and Waiting Period are included or omitted according to plan design, and will vary to range displayed.
➤ Vocational Training Expense Benefits		Benefit may be included or omitted according to plan design.
		Benefit amounts will be paid as a percentage of the principal sum, subject to a maximum depending on plan design, or as a fixed sum.
➤ Waiver of Premium		Benefit may be included or omitted according to plan design.
		Benefit waiting period will vary to range shown.
		Benefit Period will vary to range shown
➤ [Accommodations][and][Travel Ticket] Benefit		Benefit may be included or omitted according to plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown.
		Benefit amounts will vary to ranges shown. The Accommodations benefit will be included or omitted according to plan design
➤ Emergency Reunion Benefit		Benefit may be included or omitted according to plan design.
		Benefit amounts will vary to ranges shown. Deductible, Co-insurance, Maximum Duration will be included or omitted according to plan design.
➤ Home Country Emergency Benefit		Benefit may be included or omitted according to plan design.
		Benefit amounts will vary to ranges shown. Deductible, Co-insurance, Maximum Duration will be included or omitted according to plan design.
➤ Home Country Extension Benefit		Benefit may be included or omitted according to plan design.
		Benefit amounts will vary to ranges shown. Deductible, Co-insurance, Maximum Duration will be included or omitted according to plan design.
➤ Pandemic Influenza [Vaccination][Evacuation] Benefit		Benefit may be included or omitted according to plan design. The benefit may cover vaccination and/or evacuation.
		Benefit amounts will vary to ranges shown. Either benefit will be included

		or omitted according to plan design.
➤ Return Minor Child(ren) Travel Benefit		Benefit may be included or omitted according to plan design.
		Benefit amounts will vary to ranges shown. Deductible, Co-insurance will be included or omitted according to plan design.
➤ Scheduled [Aircraft] Travel Benefit		Benefit may be included or omitted according to plan design.
		Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss, subject to a maximum depending on plan design. Amounts will vary to the ranges shown.
➤ Security Evacuation Benefit		Benefit may be included or omitted according to plan design.
		Benefit amount will vary to range shown.
➤ War Risk Benefit		Benefit may be included or omitted according to plan design.
		A stand alone benefit may included or omitted under the War Risk Benefit.
		Benefit amount will be paid as a percentage multiplied by the portion of the Principal Sum applicable to the Covered Loss shown in the Schedule of Covered Losses. Percentages will vary to the ranges shown.
GENERAL DEFINITIONS		Each definition is included or omitted according to plan design. E.g., the Emergency Sickness definition will only be included when Emergency Sickness is covered under the benefit structure.
		When a definition includes conditions, those conditions may be included or omitted according to plan design.
ELIGIBILITY, EFFECTIVE DATE, AND TERMINATION PROVISIONS		Provisions shown as variable will be included or omitted according to plan design/benefit structure.
CONVERSION PRIVILEGE		Conversion Privilege will be included or omitted according to plan design/benefit structure. Any language required by statute or regulation will always appear and not be excluded or limited.
COMMON EXCLUSIONS		Exclusions will be included or omitted according to plan design/benefit structure. Any exclusions provided in a policy will comply with state rules and regulations. Any language required by statute or regulation will always appear and not be excluded or limited.
CLAIM PROVISIONS		Provisions shown as variable will be included or omitted according to plan design/benefit structure. Any numeric ranges shown will comply with minimum state statutes or regulations. The range is provided in order to allow for a more favorable time period for the insured person.
ADMINISTRATIVE PROVISIONS		Provisions shown as variable will be included or omitted according to plan design/benefit structure.
GENERAL PROVISIONS		Provisions shown as variable will be included or omitted according to plan design/benefit structure.
DESCRIPTION OF BENEFITS		As shown in the above regarding the Schedule of Benefits, each benefit may be included or omitted according to plan design.
		To the extent a benefit requires benefit-specific definitions or exclusions, they will be included or omitted as applicable to the plan design. E.g., when the benefit does not cover heart failure, the definition of heart failure will be omitted. General Definitions and Common Exclusions will also

		<p>apply.</p> <p>See section above regarding Schedule of Benefits for how benefits will be paid.</p>
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GADD-003-1009

Master Application	Description of Variable
	<p>Title will vary to reflect when policy is either Group Accident, Group Accidental Death, or Group Accidental Death & Dismemberment plan design</p> <p>Reference to policyholder may vary depending on the type of Policyholder applying for coverage- i.e., Subscriber, Company, Employer name, etc. Form may also be used for Participating Organizations affiliated with a Policyholder.</p> <p>Participants and Eligibility – The description of eligible classes may vary based on the nature of the group and classes covered. References to members of the group throughout the forms may vary, e.g., employee, member, student, participant, etc. There is no limit on the number of classes. If there is more than one class eligible under the Policy, a Schedule of Benefits may be presented for each class if benefits, amounts, durations, etc. differ by class. Waiting Period and Minimum Number of Hours worked will be included or omitted according to plan design, policyholder.</p> <p>Reference to Dependent Coverage will be included or omitted according to the plan design offered. Any reference to Spouse includes same-sex spouse and/or Domestic Partner where allowed by law.</p> <p>Benefit Options presented will vary depending on plan design being offered. Coverages and Benefits listed will vary depending on plan design being offered.</p> <p>The Fraud Warning will reflect the state-specific language required by the state where the policy will be issued.</p>

GADD-005-1009

Amendment	Description of Variable
	<p>Since the bracketed text in the policy/certificate is variable to be included, omitted or, where applicable, to vary within the numeric ranges displayed within the brackets, Amendment Form GADD-005-1009 allows us to make changes to previously issued policies/ certificates. Without this Amendment, we'd have to issue new documents each time a change is made. Note that this is <u>not</u> a “blank” amendment. We are asking your Department’s approval to use this <u>solely to make changes that are within the variability of the filed forms</u> as set forth above. For example, some of our exclusions and limitations are variable to be included or omitted. With this Amendment we could add or delete such an exclusion or limitation. The Amendment could <u>not</u> be used to add an exclusion that was not part of the original filing and that had not been previously approved by your Department to be included in the policy.</p>



December 14, 2009

via SERFF

The Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201
Attention: Life & Health Division

RE: **Axis Insurance Company - NAIC#: 3416 37273 / FEIN#: 39-1338397**
Group Accidental Death & Dismemberment Product Filing
GADD-001-1009-AR Master Policy
GADD-002-1009-AR Certificate
GADD-003-1009- Master Application
GADD-005-1009 Policy/Certificate Amendment

Honorable Commissioner Bowman:

AXIS Insurance Company is submitting the captioned Group Accidental Death & Dismemberment forms for your review and approval.

As you will notice, the title of the forms (GROUP [ACCIDENT] [ACCIDENTAL DEATH] [AND DISMEMBERMENT] POLICY) is bracketed. The company plans to extract different plan designs in order to market the product as any of the following:

- Group Accident Policy (a plan design that will cover accidental dismemberment only – no accidental death;)
- Group Accidental Death Policy (a plan design that will cover accidental death only;)
- Group Accidental Death and Dismemberment Policy (a plan design that will cover both accidental death and accidental dismemberment.)

This Policy provides accident coverage for covered losses as specified under the policy. Depending on the plan design being offered, the Policy may also cover emergency sickness. Any sickness coverage is on an emergency basis only (as specified in the definition of "emergency sickness") and will not cover general, non-emergency sickness or illness.

This coverage will be marketed to group policyholders eligible for insurance under the laws of your state including but not limited to: employers, PEOs, independent contractors, association groups, affinity groups, credit unions, financial institutions, and discretionary groups. This coverage may also be offered in your state pursuant to an out-of-state group or trust. Depending on plan design, the Policy may be issued on a non-contributory or contributory basis.

The subject forms are new and are not intended to replace any other forms.

Any bracketed material is being filed as variable. Please note, variable information will never be less favorable to an insured than the minimum statutory and regulatory requirements of the state where the policy is issued. Any numeric variables will vary to ranges shown and will comply with minimum statutory/regulatory requirements. A Statement of Variable Language is included to provide you with an explanation of how these forms may vary to accommodate different policyholders, plan designs, or specific clients/cases.

Master Application Form GADD-003-1009 will detail the benefits applicable to the organization and will be signed by the policyholder.

Policy/Certificate Amendment, Form GADD-005-1009, is an administrative amendment that will be used to amend the Policy or Certificate to reflect changes that occur within variable area subsequent to the initial issuance of the policy.

The Group Accidental Death & Dismemberment product will be marketed by licensed agents, brokers, and third party administrators to eligible groups.

In accordance with Arkansas' filing requirements, enclosed are the following documents

1. Certification of Compliance
2. Unfair Sex Discrimination Certificate of Compliance
3. Life & Health Guaranty Association Act Notice to Policyholders
4. Flesch Certification
5. Forms
6. Statement of Variables

I trust that you will find this submission in order; however, should you have any questions or need additional information, please do not hesitate to contact me directly at 609-216-3342.

Respectfully,

A handwritten signature in cursive script, reading "Megan K. Morehead". The signature is written in dark ink and is positioned above the printed name and email address.

Megan K. Morehead
Megan.Morehead@axiscapital.com